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## **UNIVERSITY OF MISSISSIPPI MEDICAL CENTER SCHOOL OF DENTISTRY**

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## 2004 DENTAL LICENSURE EXAMINATION SCHEDULE

GROUP I REGISTRATION , JURISPRUDENCE, AND ORIENTATION JUNE 7, 2004		GROUP I				GROUP I PERIODONTICS EXERCISE JUNE 10, 2004	
		LABORATORY EXERCISES JUNE 8, 2004		CLINICAL EXERCISES JUNE 9, 2004			
2:30 p.m. to 3:00 p.m.	REGISTRATION First Floor Room D-114	8:00 a.m. to 8:30 a.m.	LABORATORY SETUP Fifth Floor Labs	8:00 a.m. to 8:30 a.m.	OPERATORY SETUP Fourth Floor Clinics	8:00 a.m. to 9:30 a.m.	OPERATORY SETUP Fourth Floor Clinics <small>B--8:00 a.m. to 8:30 a.m. C--8:30 a.m. to 9:00 a.m. D--9:00 a.m. to 9:30 a.m.</small>
3:00 p.m. to 3:30 p.m.	JURISPRUDENCE EXAMINATION First Floor Room D-114	8:30 a.m. to 9:00 a.m.	STARTING CHECKS Fifth Floor Labs	8:30 a.m. to 9:00 a.m.	STARTING CHECKS Fourth Floor Clinics	8:30 a.m. to 10:00 a.m.	STARTING CHECKS Fourth Floor Clinics <small>B--8:30 a.m. to 9:00 a.m. C--9:00 a.m. to 9:30 a.m. D--9:30 a.m. to 10:00 a.m.</small>
3:30 p.m. to 5:00 p.m.	ORIENTATION First Floor Room D-114	9:00 a.m. to 4:30 p.m.	LABORATORY EXERCISES Fifth Floor Labs	9:00 a.m. to 4:30 p.m.	CLINICAL EXERCISES Fourth Floor Clinics	9:00 a.m. to 2:00 p.m.	CLINICAL EXAMINATION Fourth Floor Clinics <small>B--9:00 a.m. to 1:00 p.m.--4 Hrs C--9:30 a.m. to 1:30 p.m.--4 Hrs D--10:00 a.m. to 2:00 p.m.--4 Hrs</small>
5:00 p.m.	CONCLUSION	4:30 p.m.	LABORATORY CLOSING	4:30 p.m.	CLINIC CLOSING	2:00 p.m.	CLINIC CLOSING
GROUP II REGISTRATION , JURISPRUDENCE, AND ORIENTATION JUNE 7, 2004		GROUP II				GROUP II PERIODONTICS EXERCISE JUNE 10, 2004	
		CLINICAL EXERCISES JUNE 8, 2004		LABORATORY EXERCISES JUNE 9, 2004			
2:30 p.m. to 3:00 p.m.	REGISTRATION First Floor Room D-114	8:00 a.m. to 8:30 a.m.	OPERATORY SETUP Fourth Floor Clinics	8:00 a.m. to 8:30 a.m.	LABORATORY SETUP Fifth Floor Labs	8:00 a.m. to 9:30 a.m.	OPERATORY SETUP Fourth Floor Clinics <small>B--8:00 a.m. to 8:30 a.m. C--8:30 a.m. to 9:00 a.m. D--9:00 a.m. to 9:30 a.m.</small>
3:00 p.m. to 3:30 p.m.	JURISPRUDENCE EXAMINATION First Floor Room D-114	8:30 a.m. to 9:00 a.m.	STARTING CHECKS Fourth Floor Clinics	8:30 a.m. to 9:00 a.m.	STARTING CHECKS Fifth Floor Labs	8:30 a.m. to 10:00 a.m.	STARTING CHECKS Fourth Floor Clinics <small>B--8:30 a.m. to 9:00 a.m. C--9:00 a.m. to 9:30 a.m. D--9:30 a.m. to 10:00 a.m.</small>
3:30 p.m. to 5:00 p.m.	ORIENTATION First Floor Room D-114	9:00 a.m. to 4:30 p.m.	CLINICAL EXERCISES Fourth Floor Clinics	9:00 a.m. to 4:30 p.m.	LABORATORY EXERCISES Fifth Floor Labs	9:00 a.m. to 2:00 p.m.	CLINICAL EXAMINATION Fourth Floor Clinics <small>B--9:00 a.m. to 1:00 p.m.--4 Hrs C--9:30 a.m. to 1:30 p.m.--4 Hrs D--10:00 a.m. to 2:00 p.m.--4 Hrs</small>
5:00 p.m.	CONCLUSION	4:30 p.m.	CLINIC CLOSING	4:30 p.m.	LABORATORY CLOSING	2:00 p.m.	CLINIC CLOSING

## 2004 DENTAL LICENSURE EXAMINATION LOCATIONS

**GRADING AREA:**  
**PATIENT WAITING AREAS:**

Fourth Floor  
First Floor - Student Faculty Lounge  
Fourth Floor

**LABORATORIES:**  
**LOCKER ROOMS:**

Fourth Floor - Room D-408  
Fifth Floor - Rooms D-513 through D-516  
Female Candidates: Fourth Floor - Room D-408  
Male Candidates: First Floor - Room D-115





# **DENTAL CANDIDATE INFORMATION**

## **MISSISSIPPI ANNUAL LICENSURE EXAMINATION**

### **JUNE 7-10, 2004**

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#### **INTRODUCTION**

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1. Please carefully read the following instructions and requirements. Most of the candidate's questions concerning the application and examination process should be answered in these instructions. However, if the candidate has further questions, please contact the Board office at 601-944-9622. The candidate must bring these instructions to the examination and retain them in his/her possession at all times. No additional copies of these instructions will be available.
2. The examination will be given June 7-10, 2004 at the University of Mississippi Medical Center School of Dentistry located on the campus of the University of Mississippi Medical Center, 2500 North State Street, Jackson, Mississippi. Candidates will report to the University of Mississippi Medical Center School of Dentistry Monday, June 7, 2004, Room D-114, First Floor, promptly at 2:30 p.m., for registration, jurisprudence, and orientation.
3. The Mississippi State Board of Dental Examiners grants licenses to practice general dentistry by two methods: (a) examination; and (b) licensure by credentials, and meeting the criteria thereof. Mississippi does not engage in reciprocity agreements with other states, and no temporary licenses or permits are issued or special examinations given. Those individuals who wish to be licensed in a specialty field must first obtain a general dental license. Specialty licensure then may be requested by making application and submitting the proper credentials to the Board.
4. The Mississippi State Board of Dental Examiners reserves the right to modify these instructions and requirements before and during the examination of the candidates.
5. The Mississippi State Board of Dental Examiners reserves the right to terminate the clinical examination at any time should it become necessary to safeguard the health, safety, and comfort of the patient, or if the candidate or examiners are threatened in any manner.

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## APPLICATION REQUIREMENTS

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1. A candidate for examination for dental licensure shall be of good moral character; have a high school education; and have attained the age of twenty-one (21) years. A candidate also must successfully complete Parts I and II of the National Board of Examinations of the Joint Commission on National Dental Examinations and exhibit a diploma or certificate of graduation from a dental school accredited by the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs of the American Dental Association, except as otherwise provided in Miss. Code Ann. § 73-9-23.
2. A completed application should be returned to the Executive Director of the Board by **CERTIFIED MAIL WITH RETURN RECEIPT REQUESTED**. The application, fees, and all required supporting documentation must be received in the Board's office at least thirty (30) days prior to the announced date of the examination, or no later than Monday, May 10, 2004. Enclosed for the candidate's convenience is a pre-addressed label to the Board which is marked "CERTIFIED MAIL, RETURN RECEIPT REQUESTED." The Board's correct mailing address is:

Mississippi State Board of Dental Examiners  
Suite 100  
600 East Amite Street  
Jackson, Mississippi 39201-2801

Attention: Licensure Examination Coordinator

The Board will accept application packets mailed via the United States Postal Service, United Parcel Service, Federal Express, or by hand-delivery. Application packets received in the Board's office after Monday, May 10, 2004, **REGARDLESS OF POSTMARK DATE**, will not be accepted until the candidate remits a late penalty of One Hundred and No/100 Dollars (\$100.00). However, no application will be accepted that is received in the Board's office after Monday, May 17, 2004.

3. Board fees and usage fees must be paid in two (2) separate amounts by certified check or money order. **PERSONAL CHECKS ARE NOT ACCEPTABLE AND WILL BE RETURNED WITH THE APPLICATION TO THE CANDIDATE**. Examination fees are returned to the candidate only if the candidate's application is not accepted by the Board. In the event of illness or an emergency, fees will be applied to the following year's regularly scheduled Mississippi examination for licensure, provided the Board office is notified within twenty-four (24) hours prior to the examination. It is the candidate's responsibility to ensure that written notification of cancellation is received in the Board's office by overnight mail, delivery service, or fax (601-944-9624). Telephone cancellations are not acceptable. Candidates who

fail to appear for the examination without prior notification to the Board forfeit the entire application fee. As noted, the Board does not refund application fees.

4. Candidates who are unsuccessful on the examination may apply for a future examination and will be considered as new candidates. However, candidates will be allowed to take the licensure examination only twice, and candidates who fail the second time must successfully complete one (1) academic year of clinical training in an accredited dental school before being allowed to take the examination for the third, and final, time.
5. Any candidate with a mental or physical condition which would require a reasonable deviation from the normal administration of the examination should submit a written statement in which the condition is clearly stated from a qualified physician at the time of application. A decision regarding the candidate's suitability for the examination will be made based on the physician's statement, completion of application requirements, and the University of Mississippi Medical Center School of Dentistry's capabilities to accommodate the mental or physical condition of the candidate.

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## APPLICATION COMPLETION

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1. Completed **TYPED** application form, properly signed, and notarized. An unmounted black and white or color bust photograph not less than 2½" x 2½" of the candidate taken not more than six (6) months prior to the date of application must be attached to the candidate's application.
2. Certified check or money order in the amount of Five Hundred and No/100 Dollars (\$500.00) made payable to the Mississippi State Board of Dental Examiners to be mailed with the application. This amount is the candidate's Board application fee.
3. Certified check or money order in the amount of Five Hundred and No/100 Dollars (\$500.00) made payable to the University of Mississippi Medical Center School of Dentistry to be mailed with the application. This amount covers the candidate's clinic fees for instruments and materials listed in the "University of Mississippi Medical Center School of Dentistry Information for Candidates for Dental Licensure" (see pages 129 and 130).
4. Notarized signatures of two (2) reputable citizens of the state in which the candidate is a resident (see application form, Item #23, for further information).
5. Self-Query from National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB). Candidates who have graduated from an accredited dental school prior to January 1, 2004 must make a self-query from the NPDB-HIPDB by contacting the NPDB-HIPDB at Post Office Box 10832, Chantilly, Virginia, 20153-0832, or at the NPDB-HIPDB web site ([www.npdb-hipdb.com](http://www.npdb-hipdb.com)). The NPDB-HIPDB's telephone number is 800-767-6732, and the facsimile number is 703-802-4109. The NPDB-HIPDB provides the candidate with a form even though no reports have been filed. The **ORIGINAL** of this form must be submitted with the candidate's application.
6. Copy of National Board Examination Grade Card. Contact the Joint Commission on National Dental Examinations at telephone number 800-621-8099 or at its Internet address (<http://www.ada.org/prof/ed/testing/index.asp>) to request that a copy of the grade card be mailed to the Board's office. It is the Board's policy not to release National Board grades under any circumstances; therefore, do not contact the Board's office for scores. Candidates will be required to have passed all parts of the National Board Dental Examination prior to issuance of a Mississippi license. Candidates may take the Mississippi licensure examination without having passed the National Board, but candidates will not be issued Mississippi licenses until a copy of the National Board Dental Examination passing scores has been received by the Mississippi State Board of Dental Examiner's office. (For this purpose, passing scores on the Mississippi State Board examination are valid through December 31, 2004.)

7. Copies of official transcripts from each college and dental school attended. These transcripts must be mailed directly to the Board office by the schools. Transcripts will not be accepted from the candidate. All transcripts must be received in the Board's office by the deadline, Monday, May 10, 2004. Final dental school transcripts must show the degree awarded. Although the candidate's dental school transcript may not be complete, any partial dental school transcripts must also be received by Monday, May 10, 2004 so that the application can be processed. **TRANSCRIPTS FROM FOREIGN COLLEGES AND DENTAL SCHOOLS MUST BE IN ENGLISH AND MAILED DIRECTLY FROM THE FOREIGN COLLEGE OR DENTAL SCHOOL TO THE BOARD; OTHERWISE, THESE TRANSCRIPTS WILL NOT BE ACCEPTED.** All costs associated with transcript preparation and/or translation will be incurred by the candidate.
8. Affidavit signed by the dental school dean (see enclosed memorandum and Affidavit). Candidates who are still in dental school at the time their application is submitted must have this form completed and returned with the application. However, candidates must have graduated from dental school prior to the examination, and a final official transcript noting a date of graduation prior to June 7, 2004 must be sent by the dental school dean and received by the Board prior to the candidate being allowed to participate in the licensure examination.
9. Certified statement verifying license status and good standing from the Secretary of the Board of Dental Examiners in each state in which the candidate is currently or has previously been licensed. In states where the candidate has previously been licensed, the Secretary of the Board must provide the Board with a certified statement as to the reason the candidate no longer is licensed and/or for license expiration or revocation.
10. Proof of having liability insurance coverage while the clinical examination is in progress. Insurance application forms are enclosed for the candidate's convenience; however, the candidate may use any insurance company of his/her choice. If the candidate is currently in practice and has malpractice insurance, his/her insurance company must submit a signed certificate of insurance stating that the candidate is covered for the Mississippi dental licensure examination and will be current through June 11, 2004. Please make certain the effective dates are listed on the certificate of insurance and that it has been signed. A photocopy of an office malpractice insurance policy is not acceptable. A fully signed and executed certificate of insurance must be submitted either with the candidate's application or received in the Board's office no later than 5:00 p.m., Thursday, June 3, 2004; otherwise, the candidate will not be allowed to participate in the licensure examination and will forfeit his/her Board application fee.
11. Proof of having completed the Cardiopulmonary Resuscitation course (adult, one man), which must be current at the time of the examination. This must be submitted either with the candidate's application or received in the Board's office no later than 5:00 p.m., Thursday, June 3, 2004; otherwise, the candidate will not be allowed to participate in the licensure examination and will forfeit his/her Board application fee.

12. **TYPED** Dental Licensure Candidate Address and License Information Form. All items on this form must be completed and will be used by the Board to style the candidate's Mississippi license upon successful completion of the licensure examination. The candidate must list the full mailing address with zip code. If the candidate is moving prior to issuance of his/her license, the candidate should indicate a parent's address or other address, as this is the address the Board will use to mail the candidate's Mississippi license. It is important that all information be given; please do not write "not applicable," as all the information is applicable. Verify the birth year to ensure that the current year has not been listed by mistake. A copy of this form will be provided to the candidate during orientation for final verification of this information.
13. Acknowledgment of Understanding. This form must be completed, signed by the candidate, and returned to the Board's office by the deadline date, along with the candidate's application and licensure examination fees. By signing the Acknowledgment, the candidate certifies that he/she has received the licensure examination manual and a copy of Board Regulation 27, which deals with licensure examination review procedures. Also, the candidate is certifying that he/she has reviewed the licensure examination manual and Board Regulation 27 and that he/she understands and agrees with the licensure examination criteria and the procedures to be administered before, during, and following the licensure examination.

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## PATIENT SELECTION AND CANDIDATE IDENTIFICATION

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1. Candidates must furnish their own patients and are responsible for their appearance on schedule. The Mississippi State Board of Dental Examiners is not responsible for procuring patients for this examination. **DENTAL SCHOOL GRADUATES OR DENTAL SCHOOL FACULTY MEMBERS MAY NOT SERVE AS PATIENTS.** All patient records, radiographs, casts, etc., become the property of the Board and will not be released to candidates or patients under any circumstances. Furthermore, the patient must be informed that this is an examination exercise and that additional treatment may be required to meet the patient's oral health needs. If, due to the course of the examination, additional treatment is necessary, the candidate must ensure that treatment options are available to his/her patient. Additionally, neither candidates nor patients are allowed to use cell telephones or pagers in the clinical areas.
2. **PATIENT SELECTION IS ONE OF THE MOST IMPORTANT FACTORS IN PREPARATION FOR THE EXAMINATION. IT IS ADVISABLE FOR CANDIDATES TO OBTAIN A BACKUP PATIENT FOR EACH PROCEDURE.** Unacceptable patients will be dismissed, and another patient must be provided if the candidate is to continue the examination. Sharing of backup patients among candidates is recommended.
3. The Board makes every effort to offer the examination in a manner accessible to persons with disabilities. If a patient needs special facilities due to a wheelchair, etc., please notify the Board at the time of initial application; however, the Board in no way guarantees special accommodations, as arrangements must be made with the University of Mississippi Medical Center School of Dentistry. Patients in wheelchairs must be able to transport from the wheelchair into the examining chair. The candidate should contact the University of Mississippi Medical Center School of Dentistry to determine whether his/her patient's special needs can be accommodated during the examination.
4. No name tags or monograms denoting the identity of the candidate, his/her dental assistant, or the dental school attended may be worn. Each candidate will be assigned a candidate number at registration. This number must be worn by the candidate on his/her right lapel and also will be displayed on the assigned operator.
5. Candidates must fully advise their patients of the duration of each procedure, grading procedures, and time sequences during the examination, inasmuch as patients must be available the entire day or, at a minimum, until the candidate dismisses the patient. It is the candidate's responsibility to ensure that the procedures performed on his/her patient are graded. Should a candidate's patient leave the examination prior to the procedure being graded, the candidate must obtain a new patient and a new starting check. No time extensions will be granted.

by the Board. For additional information, the candidate should refer to the section concerning backup patients on page 7.



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# STANDARDS OF CONDUCT AND CRITICAL ERRORS

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## Standards of Conduct

Should a candidate be deemed to have violated any of the following standards of conduct during the examination process, the clinical floor examiner shall complete a Standards of Conduct Violation Form, document the appropriate violation on this form, furnish a copy of the form to the candidate, and deliver the original of the form to the Board's Executive Director. A standards of conduct violation shall result in dismissal from and failure of the entire examination and/or constitute grounds for denial of licensure by examination for the present and all future examinations, as well as denial of licensure by credentials.

### 1. Personal and Professional Conduct

Any substantiated evidence of collusion, dishonesty, use of unwarranted assistance, or intentional misrepresentation during registration or during the course of the examination shall automatically result in dismissal from and failure of the entire examination and forfeiture of all examination fees for the current examination. Furthermore, a standards of conduct violation for personal and professional conduct shall constitute grounds for denial of licensure by examination for the present and all future examinations, as well as denial of licensure by credentials. The following are examples of unprofessional and/or unethical conduct:

- a. Using unauthorized equipment at any time during the examination process.
- b. Using unauthorized dental auxiliaries.
- c. Altering patient records or radiographs.
- d. Altering endodontic and/or typodont models.
- e. Altering removable prosthetic models.
- f. Performing required examination procedures outside the allotted examination time.
- g. Receiving assistance from another practitioner.
- h. Exhibiting dishonesty.
- i. Exhibiting any other behavior compromising the standards of professional behavior.

2. **Examination Security**

Candidates must rely on their own knowledge and protect their own answers on the jurisprudence examination. There shall be no talking, comments, or signals during the examination. Exchanging answers or information with another candidate shall be deemed to be a standards of conduct violation, and the candidate shall be dismissed from and fail the entire examination. Furthermore, an examination security violation shall constitute grounds for denial of licensure by examination for the present and all future examinations, as well as denial of licensure by credentials.

3. **Misappropriation of Equipment**

No equipment, instruments, or materials, other than those items which are the personal property of the candidate, shall be removed from the examination site without written permission of the owner; otherwise, the candidate shall be deemed to have violated the standards of conduct and shall be dismissed from and fail the entire examination.

4. **Examination Guidelines**

Failure to follow the published standards and guidelines, the use of electronic recording devices by the candidate, an auxiliary, or patient during the examination, and/or the taking of photographs of examination or treatment procedures shall be deemed a standards of conduct violation and shall result in dismissal from and failure of the entire examination. The candidate shall not bring into the examination area any previously recorded dental clinical data, other than those documents stipulated by this manual, and the candidate must successfully follow all rules of the examination process. Failure to do so shall be deemed a standards of conduct violation and shall result in dismissal from and failure of the entire examination.

5. **Assigned Operatories**

The candidate shall work only in the assigned clinic, operatory, or laboratory spaces. Failure to follow this guideline shall be deemed to be a violation of standards of conduct and shall result in dismissal from and failure of the entire examination.

6. **Professional Attitude, Demeanor, and Patient Management**

The candidate and assisting auxiliary must behave in an ethical and proper manner. Patients shall be treated with proper concern for their safety and comfort, and the candidate shall, at all times, exhibit consideration for test site personnel, examiners, and other candidates. Failure to follow this guideline shall be deemed to be a violation of standards of conduct and shall result in dismissal from and failure of the entire examination.

## 7. Auxiliary Personnel

Candidates are responsible for obtaining the appropriate Board-approved auxiliary personnel and ensuring the behavior of their auxiliaries during the conduct of the examination. Utilizing auxiliaries other than those specifically approved by the Board and failing to ensure the appropriate behavior of auxiliaries shall be deemed to be a violation of standards of conduct and shall result in dismissal from and failure of the entire examination.

### Critical Errors

Should a candidate be deemed to have committed a critical error during the examination process, the clinical floor examiner or grading examiner, as appropriate, shall place his/her examiner number in the box marked "Critical Error" on the candidate's grade sheet for the procedure in question, and the candidate either shall receive a grade of zero (0) for the entire procedure or shall have his/her examination results withheld until he/she has complied with the examination guidelines. In cases of critical errors determined in the grading area, all three (3) grading examiners must concur as to the critical error for it to be documented against the candidate.

#### 1. Completion of the Examination

All components of every exercise on the examination shall be completed within the specified time frame in order for the examination to be considered complete. For those procedures or parts of procedures not completed within the specified time frame, it will be considered a critical error, and a grade of zero (0) shall be given for the appropriate procedures. Board staff will announce the completion time for each clinic (e.g., 4:30 p.m. for Days 2 and 3, and four (4) hours for each clinic on Day 4). Any candidates still performing procedures either in the laboratory or the clinic who have not already taken their endodontic blocks, typodonts, or patients, as appropriate, to the grading area must immediately cease working and stand when time is called. Additionally, any dental assistant being utilized by the candidate must immediately stand, as well. No candidate or dental assistant will be allowed to continue the examination after the completion time has been announced by Board staff, unless the candidate has a previously documented equipment failure requiring an additional fifteen (15) minutes. **THERE WILL BE NO EXCEPTIONS. IF A CANDIDATE, INCLUDING HIS/HER DENTAL ASSISTANT, WHO DOES NOT HAVE A PREVIOUSLY DOCUMENTED EQUIPMENT FAILURE, CONTINUES TO WORK AFTER TIME HAS BEEN CALLED, THE CLINICAL FLOOR EXAMINER SHALL IMMEDIATELY RETRIEVE THE APPROPRIATE GRADE SHEET(S) FROM THE CANDIDATE AND NOTE HIS/HER EXAMINER NUMBER IN THE BOX MARKED "CRITICAL ERROR" ON THE GRADE SHEET(S). THE CANDIDATE'S ENDODONTIC BLOCK, TYPODONT, OR PATIENT, AS APPROPRIATE, SHALL NOT BE GRADED, AND THE CANDIDATE SHALL RECEIVE A GRADE OF ZERO (0) FOR THE ENTIRE PROCEDURE.**

2. **Equipment Failure**

In the case of equipment failure, the clinical floor examiner must be notified immediately so the malfunction may be corrected or the candidate relocated. Candidates whose equipment problems are not rectified within ten (10) minutes will either be relocated to another operatory in their clinic or to another clinic. In the event of an equipment failure which is not rectified within ten (10) minutes, candidates will be allowed an additional fifteen (15) minutes to complete the examination for that day. However, regardless of the number of equipment failures the candidate experiences during any one day, he/she will be granted, as appropriate, only one additional fifteen (15) minute time extension for the day. The clinical floor examiner will place his/her examiner number in the space for equipment failure on each grade sheet. Failure to cease working upon expiration of the fifteen (15) minutes shall be deemed to be a critical error and shall result in a grade of zero (0) for the entire procedure.

3. **Assigned Procedures**

The candidate may perform only the treatment and/or procedures assigned. It shall be considered a critical error for the candidate to begin and/or complete any procedure other than the assigned procedure, and the candidate shall be given a grade of zero (0) for the entire procedure.

4. **Timely Arrival**

Once the examination has begun, no candidate may enter the room or begin the examination late without first consulting the clinical floor examiner for the assigned clinic. Failure to follow this guideline shall be considered a critical error and shall result in a grade of zero (0) for the entire procedure on which the candidate was to begin.

5. **Isolation of the Restorative Field**

Adequate and proper isolation must be provided as necessary to avoid contamination and as specified by examination requirements. Failure to follow this guideline shall be deemed to be a critical error and shall result in a grade of zero (0) for the entire procedure.

6. **Tissue Management and Mechanical Pulp Exposures**

There shall be no unwarranted damage to either hard or soft tissue, e.g., severe iatrogenic hard or soft tissue damage, or unnecessary mechanical pulp exposures. Failure to follow this guideline shall be deemed to be a critical error and shall result in a grade of zero (0) for the entire procedure.

7. **Damage to Adjacent Tooth Structure**

If it is deemed that the candidate has damaged any part of an adjacent tooth during the examination, the candidate will be required to restore the adjacent tooth to the

satisfaction of the clinical floor examiner. No additional time will be granted to the candidate for this additional restoration. Failure to follow this guideline shall be deemed to be a critical error and shall result in a grade of zero (0) for the entire procedure.

8. **Removal of Typodont from Mannequin**

Once the examination has begun, neither the teeth nor the typodont may be removed without specific permission from a clinical floor examiner. Typodonts are required to remain in mannequins at all times while working on the typodonts. Removal of a typodont for purposes of completing the required procedure shall be considered a critical error and shall result in an automatic failure of **ALL** typodont procedures.

9. **Damage or Mutilation of Typodont**

Willful and/or careless damage to any part of the typodont shall be considered a critical error and shall be cause to withhold the results of the entire examination until a satisfactory settlement (financial or replacement of the damaged part) is reached.

10. **Submission of Examination Records**

All required records and required radiographs must be turned in before the examination is considered complete; otherwise, this will be deemed to be a critical error, and the candidate shall be given a grade of zero (0) for all procedures for which records and/or radiographs have not been submitted.

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## DAY 1—MONDAY, JUNE 7, 2004

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REGISTRATION, JURISPRUDENCE AND ORIENTATION	
2:30 p.m. to 3:00 p.m.	REGISTRATION First Floor Room D-114
3:00 p.m. to 3:30 p.m.	JURISPRUDENCE EXAMINATION First Floor Room D-114
3:30 p.m. to 5:00 p.m.	ORIENTATION First Floor Room D-114
5:00 p.m.	CONCLUSION

### Registration

#### 1. Time, Date, and Location for Registration

Registration for all dental licensure candidates will be conducted from 2:30 p.m. until 3:00 p.m. on Monday, June 7, 2004, in Room D-114 of the University of Mississippi Medical Center School of Dentistry. All candidates are strongly advised to arrive at the University of Mississippi Medical Center School of Dentistry no later than 2:15 p.m. Candidates may wait in the first floor lounge until registration begins.

#### 2. Administrative Procedures

Upon the candidate's arrival in Room D-114, the candidate should register with Board staff and present one form of picture identification. The candidate will be given a blue registration packet containing the following materials:

- a. 2004 Dental Licensure Examination Candidate Address and License Information Form as completed and submitted by the candidate with his/her application packet (white paper)
- b. Dental Group Assignment and Schedule (white paper)
- c. Survey Questions for the 2004 Mississippi Dental Licensure Examination (buff paper)

- d. Answer sheets (two) for the jurisprudence examination and Board survey
- e. Candidate badge
- f. Dental assistant badge
- g. Sharpened pencil

The candidate should carefully check his/her packet to ensure that all above-listed items have been included in the packet and that the numbers on the candidate and dental assistant badges correspond to the numbers on the outside of the blue candidate packets. This packet must remain with the candidate during the entire examination. The candidate must return the blue candidate packet, candidate badge, dental assistant badge, survey questions, and completed answer sheet for the survey to Board personnel in the candidate's clinic at the conclusion of the examination on Thursday, June 10, 2004. These items are the property of the Board, and any candidate who does not properly return all items will have his/her license withheld until such time as all items have been returned to the Board, or the candidate remits a penalty of Ten and No/100 Dollars (\$10.00) for each item that is not returned to the Board.

Once the candidate receives his/her registration materials, the candidate should be seated and prepare for the jurisprudence examination which will be administered immediately upon conclusion of registration. The candidate should remove only the answer sheet for the jurisprudence examination and the pencil; all other items should remain in the registration packet.

### **Jurisprudence Examination**

#### **1. Time, Date, and Location for the Jurisprudence Examination**

All candidates are required to successfully complete a written examination based on the Mississippi Dental Practice Act and the regulations of the Board. This examination will be conducted from 3:00 p.m. until 3:30 p.m. on Monday, June 7, 2004, in Room D-114 of the University of Mississippi Medical Center School of Dentistry.

#### **2. Administrative Procedures**

Candidates should be prepared to begin the examination promptly at 3:00 p.m., with only the answer sheet for the jurisprudence examination and the Board-provided pencil on the desks. All other materials should be carefully placed under the desks. Once all materials are properly placed, Board personnel will distribute the jurisprudence examinations. No handwritten marks should be made on the jurisprudence examination; only the answer sheet should be used to denote the candidate's numerical identity and examination responses.

The candidate should write his/her **CANDIDATE NUMBER** in the lower left-hand box labeled "Identification Number," preceded by a series of the numeral "9." Candidates whose numbers range from 1D through 9D, should put 8 "9s", then put a zero ("0"), and then put the actual candidate number (e.g., 9999999908). Candidates whose candidate numbers range from 10D and above should put 8 "9s" and then put the actual candidate number (e.g., 9999999921). The candidate should then darken the appropriate circles below the numbers he/she has just written. No names must be written on this answer sheet. Contingent upon which jurisprudence examination the candidate has been given, the candidate must write either "TEST A," "TEST B," or "TEST C" in the upper right-hand corner of the answer sheet.

The jurisprudence examination consists of fifty (50) true or false questions concerning the Mississippi Dental Practice Act and regulations adopted by the Board, copies of which have been included in the candidate's examination manual. On the answer sheet utilized by the Board, candidates must use the letter "A" for "true" answers and the letter "B" for "false" answers. Candidates are strongly urged to carefully study the Board's laws and regulations to ensure that a passing score is obtained. The examination questions are changed each year to reflect any changes to the Mississippi Dental Practice Act or the rules and regulations of the Board.

A minimum passing score of 75% must be obtained to be successful on the jurisprudence examination. Candidates who initially fail the jurisprudence examination will have until the conclusion of the dental licensure examination (or until 2:00 p.m. on Thursday, June 10, 2004) to pass another jurisprudence examination. Candidates who fail the first jurisprudence examination will be notified as soon as possible by Board staff on Day 2 of the examination. It is the candidate's responsibility to contact Board staff regarding a time and location for administration of the second jurisprudence examination. A second, and final, jurisprudence examination will be administered during the scheduled clinical or typodont exercises. No additional time will be granted to the candidate for completion of other examination requirements. Furthermore, no Mississippi dental license will be issued to candidates who do not pass the jurisprudence examination by the conclusion of the dental licensure examination.

Once the candidate has finished the jurisprudence examination, he/she should very quietly turn over his/her completed answer sheet and jurisprudence examination and wait until all other candidates have finished the examination. Once the jurisprudence examination has been concluded, Board staff will retrieve all completed answer sheets, jurisprudence examinations, and Board-provided pencils.



## **Orientation**

### **1. Time, Date, and Location for Orientation**

Orientation will begin immediately following the jurisprudence examination and will be conducted from 3:30 p.m. until 5:00 p.m. on Monday, June 7, 2004, in Room D-114 of the University of Mississippi Medical Center School of Dentistry.

### **2. Administrative Procedures**

All candidates will review a completed 2004 Dental Licensure Examination Candidate Address and License Information Form containing information that he/she provided with his/her application packet. Candidates should very carefully consider all information, as this information will be used in preparing licenses for those candidates who successfully complete the licensure examination. Once this information has been revised, if necessary, and verified by the candidate, the candidate will place his/her initials in the space provided on the form. Board personnel will collect the completed form and review it for completeness. The candidate is responsible for supplying the correct information on the form, and he/she will be held responsible for any incorrect information appearing on his/her license as a result of incorrectly submitted information. An additional fee will be charged to the candidate for preparation of a replacement license as a result of incorrect information supplied by the candidate.

Upon verification/completion of the 2004 Dental Licensure Examination Candidate Address and License Information Form by all candidates, the Board's examination committee chairman and Executive Director will make a presentation and conduct a brief question and answer session. Upon conclusion of orientation, candidates may depart the University of Mississippi Medical Center School of Dentistry. However, candidates should report to the University of Mississippi Medical Center School of Dentistry promptly at 8:00 a.m., Tuesday, June 8, 2004, as follows: candidates assigned to Group I should report to the Preclinical Laboratories E, F, G, and H located on the fifth floor to begin the endodontics and typodont exercises, and candidates assigned to Group II should report to the patient clinics located on the fourth floor to begin the clinical exercises. Candidates will be notified of their group assignments within one week prior to the beginning of the examination.

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**DAYS 2 AND 3—TUESDAY, JUNE 8, 2004  
AND WEDNESDAY, JUNE 9, 2004**

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<b>GROUP I</b>			
<b>TUESDAY, JUNE 8, 2004 LABORATORY EXERCISES</b>		<b>WEDNESDAY, JUNE 9, 2004 CLINICAL EXERCISES</b>	
8:00 a.m. to 8:30 a.m.	LABORATORY SETUP Fifth Floor Labs	8:00 a.m. to 8:30 a.m.	OPERATORY SETUP Fourth Floor Clinics
8:30 a.m. to 9:00 a.m.	STARTING CHECKS Fifth Floor Labs	8:30 a.m. to 9:00 a.m.	STARTING CHECKS Fourth Floor Clinics
9:00 a.m. to 4:30 p.m.	LABORATORY EXERCISES Fifth Floor Labs	9:00 a.m. to 4:30 p.m.	CLINICAL EXERCISES Fourth Floor Clinics
4:30 p.m.	LABORATORY CLOSING	4:30 p.m.	CLINIC CLOSING
<b>GROUP II</b>			
<b>TUESDAY, JUNE 8, 2004 CLINICAL EXERCISES</b>		<b>WEDNESDAY, JUNE 9, 2004 LABORATORY EXERCISES</b>	
8:00 a.m. to 8:30 a.m.	OPERATORY SETUP Fourth Floor Clinics	8:00 a.m. to 8:30 a.m.	LABORATORY SETUP Fifth Floor Labs
8:30 a.m. to 9:00 a.m.	STARTING CHECKS Fourth Floor Clinics	8:30 a.m. to 9:00 a.m.	STARTING CHECKS Fifth Floor Labs
9:00 a.m. to 4:30 p.m.	CLINICAL EXERCISES Fourth Floor Clinics	9:00 a.m. to 4:30 p.m.	LABORATORY EXERCISES Fifth Floor Labs
4:30 p.m.	CLINIC CLOSING	4:30 p.m.	LABORATORY CLOSING

On Day 2, Tuesday, June 8, 2004, candidates assigned to Group I will be performing the endodontics and typodont exercises on the fifth floor of the University of Mississippi Medical Center School of Dentistry, and candidates assigned to Group II will be performing the clinical exercises on the fourth floor of the University of Mississippi Medical Center School of Dentistry. On Day 3, Wednesday, June 9, 2004, candidates assigned to Group I will be performing the clinical exercises on the fourth floor of the University of Mississippi Medical Center School of Dentistry, and candidates assigned to Group II will be performing the endodontics and typodont exercises on the fifth floor of the University of Mississippi Medical Center School of Dentistry.

## **Endodontics Exercise**

### **1. Candidate Packets**

White candidate packets labeled with the candidate's number will be placed on each laboratory work station. The candidate should ensure his/her candidate number corresponds to the candidate packet at the candidate's work station. The candidate packets will contain the following items:

- a. Endodontic Exercise Grade Sheet (white paper)
- b. Typodont Exercise Grade Sheet (gold paper)
- c. Model Acceptability Form (gold paper)
- d. One gallon-size plastic bag

Candidates should very carefully check the contents of each candidate packet and notify Board personnel if any item listed above is not in the packet. The candidate's endodontic block number will correspond to the typodont number and will be recorded on the appropriate forms during the starting check.

### **2. Examination Requirements**

The candidate will prepare an endodontic access and canal obturation of a maxillary permanent central incisor in a technique laboratory. The examination consists of performing endodontic therapy with a gutta percha fill to the cemento-enamel junction. Carrier-based thermoplasticized gutta percha techniques and gutta percha guns are **NOT** to be used. There should not be any gutta percha fill coronal to the cemento-enamel junction. Mechanical instrumentation is acceptable.

### **3. Tooth Selection**

This procedure will be completed on a maxillary permanent central incisor. The tooth selected must have an intact crown; that is, the crown cannot display any fractures which obviously involve the pulp chamber. A tooth exhibiting craze lines, restorations which do not cover the entire lingual surface, Class 4 fractures, and enamel fractures is acceptable. Unrestored lesions which extend into the pulp chamber are unacceptable. It is advisable to choose an easily treatable case and to keep the tooth from becoming brittle and breaking during treatment. **FURTHER-MORE, IT IS TO THE CANDIDATE'S ADVANTAGE TO USE AS FRESH A TOOTH AS POSSIBLE DUE TO STORAGE SOLUTIONS WHICH MAY CAUSE DETERIORATION OF THE TOOTH OVER TIME.** Candidates are expected to follow universal precautions when working with the endodontic model. If the tooth should break during treatment, a new tooth/model must be obtained/prepared. Before using this second tooth/model, it must be approved by the clinical floor examiner.

#### 4. Endodontic Model

The endodontic model must be prepared prior to the examination with the tooth mounted in opaque pink acrylic as follows:

- a. The candidate should cut a strip of metal or boxing wax approximately 3/4" x 4 1/8" (sufficient to cover the tooth and wax) and fold it to form a cube measuring 1" on each side. Sides must be flat to allow for radiographs buccal-lingual and mesio-distal. Example 1 on page 23 indicates how to construct the endodontic block.
- b. The candidate must place balls of soft red carding wax (or similar soft wax) at the apices of the root of the tooth. The wax should measure 4 mm or more in diameter and be clearly seen on the pre-operative radiograph.
- c. The candidate should cut a small horizontal notch in the coronal third of the tooth root on the buccal or lingual surface. This notch will lock the tooth into the acrylic and prevent removal or displacement of the tooth. The candidate should be careful not to enter the root canal space.
- d. The candidate should fill the cube with an opaque pink acrylic.
- e. The candidate should place the tooth in the mold, centering it from side-to-side and embedding the tooth to the cemento-enamel junction but not deep enough to expose the red wax on the bottom of the tooth. If the combined length of the tooth and wax ball is greater than 3/4", the cube may be made longer to accommodate the tooth and wax. The pre-operative radiograph must clearly show the radiolucency of the wax at least 4 mm beyond the tip of the root. Failure to do so will result in rejection of the tooth. The tooth root and wax ball must be completely covered in the solid acrylic block.
- f. Example 2 on page 23 is a properly sized and positioned tooth in an acrylic block.

#### 5. Radiographs

The candidate will provide a pre-operative radiograph of diagnostic quality of the mounted tooth from a buccal-lingual view and a mesio-distal view. The two pre-operative films will be placed in a four film mount, leaving space for the two post-operative radiographs. Only the endodontic block number will appear on the film mount. No other information should appear on the film mount. Example 3 on page 24 demonstrates correct pre-operative views of the endodontic block – mesio-distal view and buccal-lingual view. **FURTHERMORE, EACH CANDIDATE WILL BE ALLOWED A SUFFICIENT QUANTITY OF RADIOGRAPHIC FILM PACKETS TO FINISH THE OBTURATION PORTION OF THIS PROCEDURE.**

## 6. Starting Check

Prior to beginning the exercise, the clinical floor examiner will examine the block and radiographs to issue a starting check. The candidate must have the following available for the clinical floor examiner.

- a. Acrylic block (marked with block number on facial aspect only)
- b. Pre-operative radiographs (marked with block number only)
- c. Endodontic Exercise Grade Sheet
- d. Typodont Exercise Grade Sheet
- e. Model Acceptability Form

Blocks will be rejected if:

- a. The tooth is improperly mounted in acrylic
- b. The block number has not been cut into the **FACIAL** aspect of the block
- c. The tooth does not have an intact crown
- d. Radiographs are not diagnostic
- e. Wax ball is not visible 4 mm beyond the apex
- f. Wax ball is not covered by at least 1 mm of solid acrylic
- g. Wax is not clearly seen on the radiograph

## 7. Time Restraints

The candidate may perform this procedure at any time during the day; however, it must be completed by 4:30 p.m. The candidate should allow sufficient time to perform the procedure and to take and develop any working radiographs and all required post-operative radiographs. If the candidate fails to budget sufficient time, an extension will **NOT** be allowed. Board staff will announce the 4:30 p.m. completion time, and any candidates still performing procedures in the laboratory must immediately cease working and stand at their laboratory station when time is called. No candidate will be allowed to continue the examination after the completion time has been announced by Board staff, unless the candidate has a previously documented equipment failure requiring an additional fifteen (15) minutes. **THERE WILL BE NO EXCEPTIONS. IF A CANDIDATE WHO DOES NOT HAVE A PREVIOUSLY DOCUMENTED EQUIPMENT FAILURE CONTINUES TO WORK AFTER TIME HAS BEEN CALLED, THE CLINICAL FLOOR EXAMINER SHALL IMMEDIATELY RETRIEVE THE APPROPRIATE GRADE SHEET FROM THE CANDIDATE AND NOTE HIS/HER EXAMINER NUMBER IN THE "CRITICAL ERROR" SECTION OF THE GRADE SHEET. THE CANDIDATE'S ENDODONTIC BLOCK OR TYPODONT, AS APPROPRIATE, SHALL NOT BE GRADED, AND THE CANDIDATE SHALL FAIL THE ENTIRE PROCEDURE.**

## 8. Assistants

Assistants are **NOT** permitted for this procedure. Candidates may not assist each other during this procedure.

9. **Textbooks**

Written materials/textbooks/drawings, excluding the candidate's examination manual, may not be used for this procedure.

10. **Endodontics Grading Procedure**

After condensation of the gutta percha, the candidate is to obtain two radiographs, one in the buccal-lingual view and one in the mesio-distal view. These films are to be mounted in the four film mount with the pre-operative films. Only the endodontic block number should appear on this mount. Example 4 on page 24 demonstrates correct post-operative radiographic views of the endodontic block.

After the candidate has completed the endodontic exercise, the candidate must write the block number in the space provided on the label affixed to the endodontics exercise plastic bag and place the endodontically treated tooth block, film mount, and Endodontic Exercise Grade Sheet in the plastic bag and deliver the bag to the clinical floor examiner.

11. **Grading Criteria**

The following are categories that the grading examiners will evaluate in the endodontic exercise:

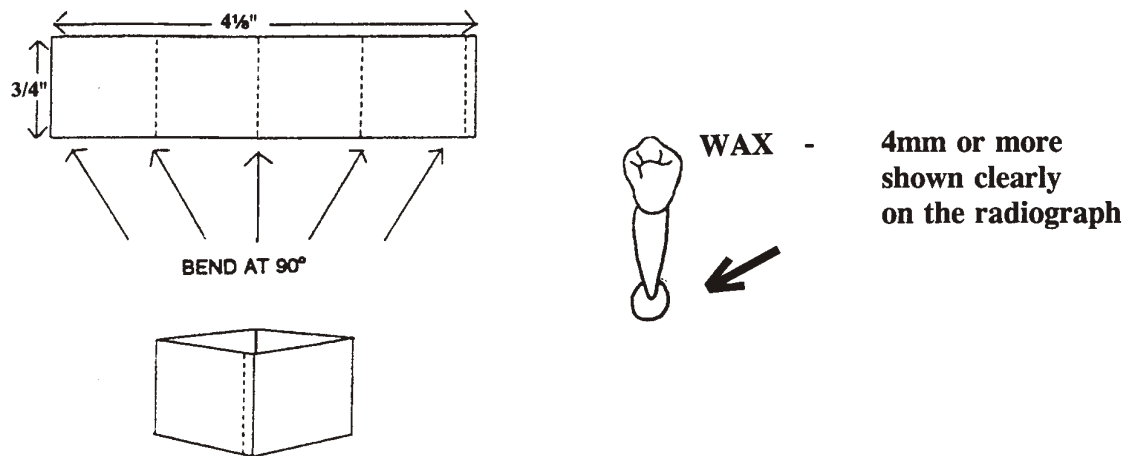
- a. Access
- b. Obturation (only voids in the apical 1/3 of the root will reduce the candidate's grade)

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## ENDODONTICS EXERCISE EXAMPLES

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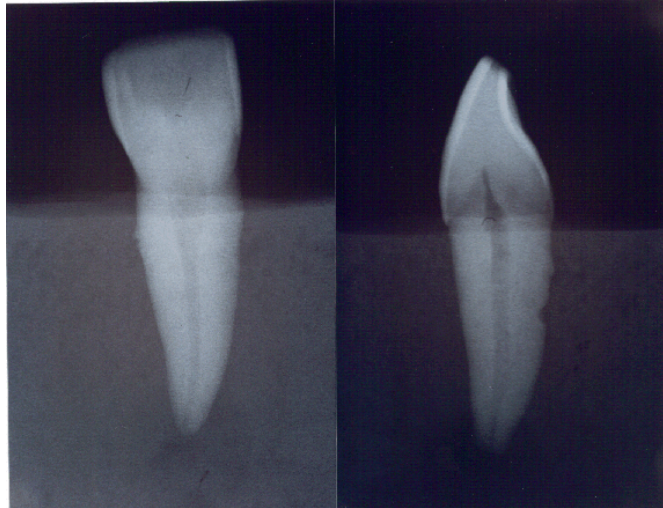
### EXAMPLE 1—ENDODONTIC BLOCK FABRICATION



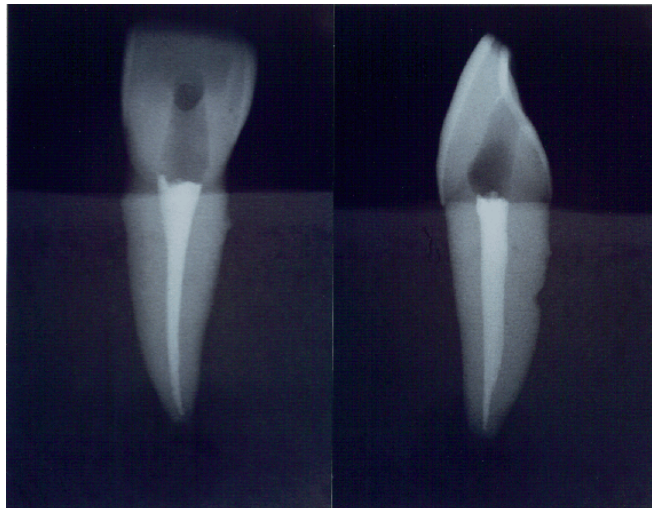
### EXAMPLE 2—PROPERLY SIZED ENDODONTIC BLOCK



**EXAMPLE 3—PRE-OPERATIVE RADIOGRAPHIC VIEWS**



**EXAMPLE 4—POST-OPERATIVE RADIOGRAPHIC VIEWS**





## **Typodont Exercise**

### **1. Candidate Packets**

White candidate packets labeled with the candidate's number will be placed on each laboratory work station when the candidates arrive in the preclinical laboratories. The following items will be in the candidate packet:

- a. Endodontic Exercise Grade Sheet
- b. Typodont Exercise Grade Sheet
- c. Model Acceptability Form
- d. One gallon-size plastic bag

### **2. Examination Requirements**

The typodont exercise is a simulated patient exercise consisting of three (3) procedures which will be selected by the Board from the following list of eight (8) possible procedures:

- a. The preparation of a maxillary anterior tooth for a porcelain fused to metal restoration;
- b. The preparation of maxillary or mandibular posterior teeth for a three unit porcelain fused to metal bridge restoration;
- c. A finished MODL carved amalgam restoration on a maxillary or mandibular molar which replaces the distolingual cusp;
- d. A Class V preparation for an amalgam restoration on a maxillary or mandibular posterior tooth;
- e. A Class II preparation for an amalgam restoration on a maxillary or mandibular posterior tooth;
- f. A finished Class II carved amalgam restoration on a maxillary or mandibular posterior tooth;
- g. A Class III preparation for a composite restoration on a maxillary or mandibular anterior tooth with lingual access; and
- h. A finished Class III (lingual access) composite restoration on a maxillary or mandibular anterior tooth.

### **3. Typodonts Used for the Examination**

The Board utilizes typodonts manufactured by Kilgore International, Inc., and the model number of the above-referenced teeth for these typodonts is A20A-500.

Should a candidate wish to order these teeth for study and/or practice prior to the examination, he/she may contact Kilgore International, Inc. via telephone at 517-279-9123 or 800-892-9999; facsimile at 517-278-2956; or mail at 36 West Pearl Street, Coldwater, Michigan, 49036.

4. **Assistants**

Assistants are **NOT** allowed for this procedure. Candidates may not assist each other during this procedure.

5. **Textbooks**

Written materials/textbooks/drawings, excluding the candidate's examination manual, may not be used for this procedure.

6. **Assigned Teeth**

The candidate may not remove either the typodont from the mannequin or teeth from the typodont without permission from the clinical floor examiner. Removal of a typodont for purposes of completing the required procedure will result in an automatic failure of **ALL** typodont procedures. Once a procedure has been started, the procedure must be carried to completion on the assigned tooth with no substitutions permitted. However, should a typodont tooth break or fracture during the procedure, the candidate may contact the clinical floor examiner to obtain a replacement tooth. No additional time will be granted for the replacement of any typodont teeth.

7. **Starting Check**

These procedures will be completed on a typodont model in a laboratory setting utilizing teeth made from a ceramic composite crown material. Only typodonts and teeth supplied by the Mississippi State Board of Dental Examiners may be used for the exercise. Prior to beginning the procedure, the candidate will examine the typodont for acceptability. The candidate will place his/her candidate number on the Model Acceptability Form indicating that the typodont is acceptable. If the typodont/teeth are unacceptable, the clinical floor examiner will either replace the typodont/teeth or so indicate the discrepancy on the Model Acceptability Form, and the candidate will initial this notation with his/her candidate number. Since the candidate must examine his/her typodont for acceptability, typodonts **WILL NOT** be in the mannequins when the candidate arrives at his/her laboratory station. However, once the candidate has examined the typodont for acceptability and has noted this acceptability on the Model Acceptability Form, the candidate must place the typodont in the mannequin prior to receiving a starting check. A candidate will not receive a starting check until his/her typodont has been placed in the mannequin.

A candidate also should check his/her typodont box to determine whether a Prior Model Damage Form has been placed in the typodont box. All typodonts have been pre-evaluated by the Board for prior damage, and noticeable damage has been

noted on the Prior Model Damage Form. **IF A PRIOR MODEL DAMAGE FORM HAS NOT BEEN COMPLETED FOR A TYPODONT, THE BOARD HAS DETERMINED THAT NO DAMAGE EXISTS TO THE TYPODONT WHICH WOULD ADVERSELY AFFECT THE CANDIDATE'S GRADE; CONSEQUENTLY, A CANDIDATE IS NOT ALLOWED TO REQUEST THAT A PRIOR MODEL DAMAGE FORM BE COMPLETED FOR HIS/HER TYPODONT.** The Prior Model Damage Form must remain with the typodont throughout this exercise, and it is the candidate's responsibility to ensure that this form remains with the typodont during the exercise. The Board is not liable for a candidate's failure to maintain his/her Prior Model Damage Form and/or failure to send the form to grading with the typodont.

Candidates will not begin the exercises until **ALL CANDIDATES** have been given starting checks, and once a candidate has been given a starting check, he/she must exit the preclinical laboratory until all candidates have been given starting checks. In other words, the same starting time will be given to all candidates, and no candidate may begin the exercises until a starting time has been given to all candidates by the clinical floor examiner. The candidate may perform the exercises in any order that he/she may choose. It is **NOT** necessary to obtain an individual starting check for each procedure; however, the Typodont Exercise Grade Sheet must be available for the clinical floor examiner at the beginning of the typodont exercise.

8. **Preparation Design--Examination Guidelines for Anterior Porcelain Fused to Metal Restoration**

a. Incisal Edge Reduction

- (1) 1.5 mm - 2.0 mm incisal edge reduction
- (2) No sharp angles or edges remaining on reduced incisal edge
- (3) Thickness of reduced edge is .8 mm - 1.0 mm facio-lingually

b. Facial Surface Reduction

- (1) Approximately 1.2 mm over the incisal 3/4 of the facial surface
- (2) Approximately 1.0 mm - 1.2 mm reduction at gingival finish line with a 90° shoulder
- (3) Margins finished no greater than .5 mm above the typodont gingival tissue
- (4) Reduction should be accomplished in two (2) planes

c. Interproximal Reduction

- (1) Approximately 1.2 mm axially with an approximately 1.0 mm reduction at the finish line
- (2) Ninety degree (90°) shoulder should continue 1.0 mm lingual to the interproximal contact and then change to a chamfer/sloping shoulder finish line lingually which follows the contour of the gingiva, no greater than a distance of .5 mm above the typodont gingival tissue
- (3) Adjacent teeth must not be abraded
- (4) Taper of each axial wall should be 3° to 6° and not greater than 10°

d. Lingual Reduction

- (1) Lingual reduction of the concave surface should not extend so far that the vertical lingual wall is overshortened, and the lingual margin should be no greater than .5 mm above the typodont gingival tissue
- (2) 2.0 mm - 3.0 mm of vertical wall should remain at the gingival portion of the preparation
- (3) Reduction at the finish line of the lingual wall should be 1.0 mm
- (4) No undercuts should exist in the preparation

9. **Preparation Design--Examination Guidelines for Three Unit Porcelain Fused to Metal Bridge Restoration**

a. Occlusal Reduction

- (1) 1.5 mm - 2.0 mm anatomical reduction including a lingual functional cusp bevel

b. Facial Surface Reduction

- (1) Approximately 1.2 mm reduction in occlusal 3/4 of the facial surface
- (2) Facial reduction should occur in two (2) planes
- (3) 1.0 mm - 1.2 mm reduction should be accomplished at the facial margin, which is no greater than .5 mm above the typodont gingival tissue

- (4) Facial wall should exhibit a 3° to 6° taper and no more than a 10° taper
    - (5) Beveled shoulder of 135°
  - c. Interproximal Reduction
    - (1) Approximately 1.2 mm should be reduced interproximally
    - (2) Finish line should follow contour of typodont gingiva finishing no greater than .5 mm above the typodont gingival tissue
    - (3) Width of finish line should be approximately 1.0 mm
    - (4) Adjacent teeth must not be abraded
    - (5) Taper of each axial wall should be 3° to 6° and not greater than 10°
  - d. Lingual Reduction
    - (1) Lingual wall should be 3° to 6° taper, with the margin being placed no greater than .5 mm above the typodont gingival tissue
    - (2) No undercuts should exist in the preparation
10. **Anatomical Design--Examination Guidelines for Finished Carved MODL Amalgam**
- a. Adequate reproduction of anatomical features
  - b. Correct interproximal contact and contour allowing floss to pass through with resistance
  - c. Smooth transition from tooth structure to restoration without “ditching” or “flash”
  - d. Smooth surface free of voids, pitting, or scratches
11. **Preparation Design--Examination Guidelines for Class V Amalgam Preparation**
- a. Outline and Extension
    - (1) Cavity margin should be positioned at the mesiofacial and distofacial line angles of the tooth surface
    - (2) Occlusal width of the preparation should be 1.5 mm
    - (3) Gingival margin should be on a curve parallel to the gingiva

- (4) Gingival margin should be placed no greater than .5 mm above the typodont gingival tissue
- (5) Occlusal/incisal margin should follow a graceful curve that generally parallels the gingival margin but less accentuated

b. Internal Form

- (1) Mesial and distal walls are placed at the mesiofacial and distofacial line angles of the tooth
- (2) Mesial and distal walls are divergent to each other
- (3) Axial wall is in dentin and follows the contour of the tooth from mesial to distal, as well as from occlusal to gingival
- (4) Axial wall should be convex outward from mesial to distal and from occlusal to gingival
- (5) Axial wall should be slightly shallower pulpally at gingival wall (approximately .75 mm to 1 mm in depth) than the occlusal wall with more enamel (1 mm to 1.25 mm in depth)
- (6) Should have no undermined enamel
- (7) Retention grooves should be placed in the four (4) axial point angles of the preparation
- (8) Depth of the grooves should approximate .25 mm with the occlusal groove directed more occlusally than pulpally, and the gingival groove directed more gingivally than pulpally

12. **Preparation Design—Examination Guidelines for Class II Amalgam Preparation**

a. Outline Form

- (1) Margins must be extended to include all carious tooth structure
- (2) Margins should be extended to areas which enable a patient to institute successful oral hygiene practices
- (3) Margins should be placed in areas which enable proper insertion, finishing, and inspection of the restoration

b. Convenience Form

- (1) All attempts must be made for conservation of tooth structure
- (2) Extension for convenience should allow for proper development of internal cavity design
- (3) Proper access to the extent of caries must be accomplished

c. Resistance Form

- (1) Attempts must be made for conservation of tooth structure
- (2) All undermined enamel must be removed
- (3) Unnecessary occlusal convergence of facial, lingual, and proximal walls should be avoided
- (4) Internal line angles must be slightly rounded
- (5) Pulpal and axial walls should be placed in dentin
- (6) Pulpal and gingival walls are designed flat and perpendicular to axial walls

d. Retention Form

- (1) All attempts must be made for conservation of tooth structure
- (2) Independent surface retention must be present in all components of the preparation such as occlusal interlocks (dovetails) when indicated
- (3) Facial, lingual, and proximal walls should be converged occlusally

e. Finish of Enamel Walls

- (1) Best possible cavosurface margin is necessary for adaptation of restorative material
- (2) Enamel walls should be free of sharp curves, resulting in a smooth continuous design

f. Removal of Deep Caries

- (1) All carious material should be removed

- g. Toilet of the Cavity
  - (1) All debris from dental instrumentation, i.e., dust particles, etc., should be removed
- 13. **Anatomical Design–Examination Guidelines for Class II Finished Carved Amalgam**
  - a. Correct occlusion
  - b. Adequate reproduction of anatomical features
  - c. Correct interproximal contact and contour allowing floss to pass through with resistance
  - d. Smooth transition from tooth structure to restoration without “ditching” or “flash”
  - e. Smooth surface free of voids, pitting, or scratches
- 14. **Preparation Design–Examination Guidelines for Class III Composite Preparation**
  - a. Outline Form and Extension
    - (1) Outline form is “C” or “D” shaped with the incisal wall located in the proximal contact area for minimal caries
    - (2) Outline form provides enough access for complete carious removal with margins extended to include all carious tooth structure and allows room for proper material insertion
    - (3) Margins terminate on sound tooth structure
    - (4) Gingival floor location must break contact by at least .2 mm from the adjacent tooth if caries is in the contact point
    - (5) Facial wall is approximately 90° to the axial wall and parallels the facial surface
    - (6) Incisal and gingival walls should be almost parallel to each other and should not be rough or irregular
    - (7) All margins should be placed in areas that enable proper insertion, finishing, and inspection of the restoration
    - (8) Enamel cavosurface bevels should be distinct, .5 mm in width, and placed on facial cavosurface margin



- (9) The facial cavosurface margin is usually visible from the facial proximal aspect
- b. Internal Form
  - (1) Axial wall should be deep enough to allow the removal of all carious tooth structure
  - (2) Axial wall should usually extend slightly into the dentin
  - (3) Axial wall is flat or has a slight convexity corresponding to the external tooth surfaces
  - (4) Cavity walls should be definite, smooth, and not jagged or irregular
- 15. **Anatomical Design—Examination Guidelines for Class III Composite Restoration**
  - a. Proximal Contour and Contact
    - (1) Axial contours are continuous with existing natural tooth form and restores proper shape and position
    - (2) Proximal embrasures and proximal contact are restored to ideal
    - (3) Proximal contact should not be too open or too tight such that floss will not pass through
    - (4) Marginal ridge in the affected area is adequately restored to existing natural tooth form and function
    - (5) Centric and excursive contacts are restored such that no prematurities exist, and the contacts are consistent with the occlusion on the other existing teeth in proximity
  - b. Margins and Integrity
    - (1) Tooth restoration junction is such that it cannot be detected or is scarcely detected with an explorer
    - (2) Shade of restoration matches or blends harmoniously with the surrounding tooth—should be no staining or discoloration of the tooth restoration surface
    - (3) Tooth restoration interface should not be such that an explorer will penetrate with moderate force

- (4) Gingival margin should be flush with the tooth such that there is no overhang of composite detectable with floss or an explorer
- (5) There should not be an excess of composite beyond the tooth restoration interface, i.e., flash

c. Surface Finish

- (1) Surface of the restoration should be uniformly smooth without voids or pits in the restoration or at the tooth restoration interface
- (2) Adjacent tooth structure should not be marred or nicked during the finishing of the restoration

16. **Time Restraints**

The candidate may perform the assigned typodont procedures in any sequence at any time; however, all assigned typodont procedures must be completed by 4:30 p.m. If the candidate fails to budget sufficient time, an extension will **NOT** be allowed. Board staff will announce the 4:30 p.m. completion time. Any candidates still performing procedures in the laboratory must immediately cease working and stand at their laboratory station when time is called. No candidate will be allowed to continue the examination after the completion time has been announced by Board staff, unless the candidate has a previously documented equipment failure requiring an additional fifteen (15) minutes. **THERE WILL BE NO EXCEPTIONS. IF A CANDIDATE WHO DOES NOT HAVE A PREVIOUSLY DOCUMENTED EQUIPMENT FAILURE CONTINUES TO WORK AFTER TIME HAS BEEN CALLED, THE CLINICAL FLOOR EXAMINER SHALL IMMEDIATELY RETRIEVE THE APPROPRIATE GRADE SHEET FROM THE CANDIDATE AND NOTE HIS/HER EXAMINER NUMBER IN THE "CRITICAL ERROR" SECTION OF THE GRADE SHEET. THE CANDIDATE'S ENDODONTIC BLOCK OR TYPODONT, AS APPROPRIATE, SHALL NOT BE GRADED, AND THE CANDIDATE SHALL FAIL THE ENTIRE PROCEDURE.**

17. **Typodont Grading Procedure**

When the candidate has completed all of the typodont exercises, the candidate should remove the typodont from the mannequin, and protective wrapping should be placed between the upper and lower models then affixed together with a rubber band. The typodont model is placed in the storage box and delivered to Board staff along with the Typodont Exercise Grade Sheet and the Model Acceptability Form. If a Prior Model Damage Form was originally included in the candidate's typodont box, the candidate must ensure that (a) this form is placed in the top of the typodont box prior to submitting the typodont for grading; and (b) the Prior Model Damage Form section on the Model Acceptability Form has been completed. A Board staff member will examine the typodont for any damage and note such damage on the Model Acceptability Form. The candidate will initial this form with his/her candidate number indicating awareness of such damage. Such damage to any part of the

typodont is cause to withhold the results of the entire examination until a satisfactory settlement (financial or replacement of the damaged part) is reached. The Model Acceptability Form is placed in the white candidate packet.

The white candidate packet, including the Model Acceptability Form, should be returned to a Board staff member at the conclusion of the typodont exercise.

18. **Grading Criteria**

The following are categories that the grading examiners will evaluate in the porcelain fused to metal crown preparation:

- a. Margins and Path of Insertion
- b. Retention/Resistance Form
- c. Treatment Management

The following are categories that the grading examiners will evaluate in the three unit porcelain fused to metal bridge restoration:

- a. Margins and Path of Insertion
- b. Retention/Resistance Form
- c. Treatment Management

The following are categories that the grading examiners will evaluate in the finished carved MODL amalgam:

- a. Anatomy and Occlusion
- b. Finish Lines and Surface Finish
- c. Treatment Management

The following are categories that the grading examiners will evaluate in the Class V amalgam preparation:

- a. Outline and Extension
- b. Internal Form
- c. Treatment Management

The following are categories that the grading examiners will evaluate in the Class II amalgam preparation:

- a. Outline and Extension
- b. Internal Form
- c. Treatment Management

The following are categories that the grading examiners will evaluate in the Class II amalgam restoration:

- a. Anatomy and Occlusion
- b. Finish Lines and Surface Finish
- c. Treatment Management

The following are categories that the grading examiners will evaluate in the Class III composite preparation:

- a. Outline and Extension
- b. Internal Form
- c. Treatment Management

The following are categories that the grading examiners will evaluate in the Class III composite restoration:

- a. Contour, Contact, and Occlusion
- b. Finish Lines and Surface Finish
- c. Treatment Management

## **Clinical Exercises--Class II Amalgam Restoration**

If a candidate has the same patient for both the Class II Amalgam Restoration and Class III Composite Restoration procedures, he/she may receive a starting check for both procedures at the same time. Additionally, both procedures on the same patient may be graded at the same time. However, the candidate must fulfill all requirements for both procedures' starting checks and grading. (For further information regarding starting checks for the Class II Amalgam Restoration and the Class III Composite Restoration procedures, see pages 39 and 51.)

### **1. Candidate Packets**

Green candidate packets labeled with the candidate's number will be placed in each candidate's operatory. The candidate should ensure his/her candidate number corresponds to the candidate packet in his/her operatory. The candidate packets will contain the following items:

- a. Class II Amalgam Preparation Grade Sheet (blue paper)
- b. Class II Amalgam Restoration Grade Sheet (blue paper)
- c. Class III Composite Preparation Grade Sheet (green paper)
- d. Class III Composite Restoration Grade Sheet (green paper)
- e. Removable Prosthetics Grade Sheet (yellow paper)
- f. Two (2) Dental Candidate Patient Follow-Up Care Forms (buff paper)
- g. One (1) randomly assigned patient number to be used for all procedures
- h. Two (2) quart-size plastic bags (for pre-operative casts)
- i. One (1) gallon-size plastic bag (for removable prosthetics)
- j. Three (3) quart-size plastic bags (for sending instruments to grading)

Candidates should very carefully check the contents of each candidate packet and notify Board personnel if any item listed above is not in the packet.

### **2. Examination Requirements**

The candidate must complete a Class II amalgam with contact established against virgin tooth structure or a permanently restored surface or surfaces of the adjacent tooth.

### **3. Tooth Selection**

This procedure will be completed on a vital tooth exhibiting a virgin interproximal carious lesion. There will be a tooth or teeth in the opposing arch that will occlude with the amalgam finished carved restoration. The dentition opposing the finished restoration must not be of a temporary material, full denture, or removable partial denture. Mandibular first premolars are acceptable for this restoration. An existing buccal or lingual pit restoration may be present; however, the interproximal caries must not extend into this restoration. A tooth with an existing occlusal restoration exhibiting interproximal caries is acceptable. The adjacent tooth may not have a

stainless steel crown, temporary plastic crown, or caries apical to the gingival floor of the restoration. However, the adjacent tooth may have an incipient lesion which does not extend into the dentin or compromise the integrity of the marginal ridge. The proximal surface of the tooth adjacent to the proposed interproximal restoration must be either a non-restored enamel surface or a permanent restoration so that a contact is restored. If the candidate damages the adjacent tooth to the point where it must be restored, the candidate shall be required to restore the adjacent tooth during the clinical examination; in other words, the patient shall not leave the examination setting until the candidate has sufficiently restored the adjacent tooth to the satisfaction of the clinical floor examiner. No additional time will be granted to the candidate for this additional restoration. A maxillary molar with caries on one proximal surface with the other proximal surface previously restored may be used for this procedure; however, if the existing restoration or caries crosses the oblique ridge, a three-surface restoration will be necessary. **ANY PREPARATION THAT OBVIOUSLY WILL NOT CONFORM TO A CONSERVATIVE RESTORATION MUST BE DOCUMENTED ON A DEVIATION FORM TO BE COMPLETED BY THE CANDIDATE DURING OPERATORY SETUP AND/OR PRIOR TO RECEIVING A STARTING CHECK.**

4. **Pre-operative Casts**

A pre-operative diagnostic cast will be made prior to the examination and poured in buff stone. This cast may be either of the full arch or of the quadrant to be treated.

5. **Radiographs**

A double-film pre-operative periapical radiograph of the tooth to be restored clearly demonstrating caries to the dentoenamel junction and double-film bitewings of both sides of the mouth are to be placed in the first three (3) openings of two four-film radiographic mounts. The mounts are to be labeled only with the patient number and the words "pre-op." The patient's condition as indicated on the pre-operative radiographs must be identical to the patient's condition when he/she presents for a starting check during the examination; otherwise, the patient will be rejected. **FURTHERMORE, EACH CANDIDATE WILL BE LIMITED TO A MAXIMUM OF TWO (2) POST-OPERATIVE RADIOGRAPHIC FILM PACKETS FOR THIS PROCEDURE.**

6. **Medical Health History Form**

A patient medical history is required for this procedure, even if the same patient is used for multiple procedures. These forms are provided to the candidate by the University of Mississippi Medical Center School of Dentistry and are discussed in the instructions on page 132. Medical Health History Forms are not signed by the candidate until the day of the procedure. The candidate must update the health history with the patient and have the patient sign the Medical Health History Form update section. These forms may have all other pertinent information completed beforehand; however, they must not be signed by the candidate until the date of the

procedure and only then with a **CANDIDATE NUMBER (NOT SIGNATURE)**. However, for the initial starting check only, the candidate must not put his/her candidate number on the form until after an initial starting check has been given. Patients with conditions that could jeopardize the health of the patient, candidate, or examiner, e.g., Acquired Immune Deficiency Syndrome, blood dyscrasias, heart conditions, diabetes, hepatitis, venereal diseases, systemic conditions, tuberculosis, etc., will not be acceptable without written clearance from the patient's physician. Telephone releases regarding the patient's health history conditions are not acceptable. Patients requiring premedication should be advised to take these medications according to proper directions.

7. **Assistants**

Assistants are allowed for this procedure, and each candidate is allowed to bring one chairside assistant. Candidates may not assist each other during this procedure. The candidate is responsible for obtaining his/her own assistant, making any monetary arrangements, if necessary, and for the conduct of his/her assistant during the examination. Assistants will be given badges with numbers corresponding to the candidates they are assisting. Assistants must remain at the assigned operatory or completely outside the examination area. **DENTAL SCHOOL GRADUATES OR DENTAL SCHOOL FACULTY MEMBERS MAY NOT SERVE AS DENTAL ASSISTANTS FOR THIS EXAMINATION**; however, the dental assistant may be a dental assistant, a dental hygienist, or a dental student.

8. **Textbooks**

Written materials/textbooks/drawings, excluding the candidate's examination manual, may not be used for this procedure.

9. **Pain Control**

Pain control shall be limited to the use of a topical and local anesthetic. Anesthetic solution must **NOT** be administered prior to receiving a starting check.

10. **Isolation**

A rubber dam **MUST** be in place during this procedure. Isolation will be, at a minimum, one tooth anterior and one tooth posterior to the tooth being prepared. Single tooth isolation is not permitted. It is recommended that a rubber dam napkin also be utilized. The amalgam preparation will be graded with the rubber dam in place. The finished amalgam will be graded with the rubber dam removed. Example 5 on page 47 illustrates appropriate rubber dam isolation.

11. **Operatory Setup and Initial Starting Check**

Inasmuch as the Board has access to the facilities of the University of Mississippi Medical Center School of Dentistry only between the hours of 8:00 a.m. and 5:00 p.m., all candidates must have their patients ready to enter the clinics for

operatory setup promptly at 8:00 a.m. Any candidate whose patient is not available to enter with him/her for the 8:00 a.m. operatory setup will be given an initial starting check once the initial starting checks have been given to all other candidates in that clinic. In other words, if a candidate's patient arrives late, the candidate will not receive his/her initial starting check with the other candidates in the clinic. No additional time will be granted to the candidate for completion of the assigned procedures during this portion of the examination.

Prior to vacating the clinic, the candidate should indicate on the Class II Amalgam Preparation Grade Sheet and the Class II Amalgam Restoration Grade Sheet the tooth number and tooth surface he/she intends to prepare/restore. The patient number should already have been placed on both grade sheets by Board staff. Furthermore, the candidate must complete the top portion of the Dental Candidate Patient Follow-Up Care Form by noting the tooth number, circling the appropriate procedure, and having the patient sign and date the form indicating that the possibility of follow-up care has been discussed with the patient. Additionally, candidates will remove the operatory numbers from their units and ensure all operatory lights are turned on and pointed toward the ceiling. All candidates will vacate their assigned clinic when notified by Board personnel. After receiving the initial starting check, all other starting checks will be given by the clinical floor examiner. Only the following should be available for the Class II Amalgam starting check:

- a. One four-film radiographic mount containing one pre-operative periapical of the tooth to be treated and bitewings of both sides of the mouth in the first three (3) openings (noting patient number and the words "pre-op")
- b. Front surface mirror
- c. Explorer
- d. Pre-operative cast
- e. Medical Health History Form (without noting candidate number)
- f. Patient Disclaimer, Consent, and Release Form (without noting candidate number)
- g. Dental Candidate Patient Follow-Up Care Form (noting patient number, tooth number, procedure, patient signature, and date)
- h. Deviation Form only if the Class II Amalgam is not expected to conform to a conservative restoration and pursuant to the instructions in the "Tooth Selection" section on page 37 (noting patient number and tooth number)
- i. Class II Amalgam Preparation Grade Sheet (noting patient number, tooth number, and tooth surface)



- j. Class II Amalgam Restoration Grade Sheet (noting patient number, tooth number, and tooth surface)

If the patient is acceptable, a starting check will be indicated on both grade sheets. If the patient or tooth is unacceptable, a rejection notice will be left in the operatory. It will be the candidate's responsibility to obtain another patient. The starting check for the second patient will be given by the clinical floor examiner assigned to the candidate's clinic.

## 12. **Preparation Design–Examination Guidelines for Class II Amalgam Restoration**

- a. Outline Form
  - (1) Margins must be extended to include all carious and decalcified tooth structure
  - (2) Margins should be extended to areas which enable the patient to institute successful oral hygiene practices
  - (3) Margins should be placed in areas which enable proper insertion, finishing, and inspection of the restoration
- b. Convenience Form
  - (1) All attempts must be made for conservation of tooth structure
  - (2) Extension for convenience should allow for proper development of internal cavity design
  - (3) Proper access to the extent of caries must be accomplished
- c. Resistance Form
  - (1) Attempts must be made for conservation of tooth structure
  - (2) All undermined enamel must be removed
  - (3) Unnecessary occlusal convergence of facial, lingual, and proximal walls should be avoided
  - (4) Internal line angles must be slightly rounded
  - (5) Pulpal and axial walls should be placed in dentin
  - (6) Pulpal and gingival walls are designed flat and perpendicular to axial walls

d. Retention Form

- (1) All attempts must be made for conservation of tooth structure
- (2) Independent surface retention must be present in all components of the preparation such as occlusal interlocks (dovetails) when indicated
- (3) Facial, lingual, and proximal walls should be converged occlusally

e. Finish of Enamel Walls

- (1) Best possible cavosurface margin is necessary for adaptation of restorative material
- (2) Enamel walls should be free of sharp curves, resulting in a smooth continuous design

f. Removal of Deep Caries

- (1) All carious material should be removed
- (2) Pulp should be properly protected by a liner and base if indicated after removal of deep caries

g. Toilet of the Cavity

- (1) All debris should be removed
- (2) Cleansing agents and medicaments that have been shown to be irritating to the pulp should not be utilized

13. **Deviation of Preparation Outline**

Should the preparation obviously not conform to a conservative restoration, or the need arise to make a major modification of the preparation, the candidate is required to complete a deviation form with written justification for such deviation and the proposed treatment. A major deviation is defined as a fractured cusp during the preparation necessitating replacement of the cusp, caries undermining an existing cusp necessitating replacement of the cusp, or caries extending into the other interproximal area requiring inclusion of that proximal surface into the restoration. Deviation forms may be obtained from Board staff. After completion of the deviation form and before proceeding with the preparation, the candidate must summon the clinical floor examiner to clinically observe the stated need for the major deviation. No tunnel or slot amalgam preparations will be allowed on this examination.

14. **Pulpal Exposure**

If a candidate anticipates or actually causes a pulpal exposure, the clinical floor examiner must be notified at once. If an actual pulpal exposure does occur, the patient will be advised by the candidate of such exposure and the need for possible follow-up treatment.

15. **Time Restraints**

The candidate may perform this procedure at any time during the day; however, it must be completed by 4:30 p.m. The candidate should allow sufficient time to perform the procedure and to take and develop the required post-operative radiograph. If the candidate fails to budget sufficient time, a time extension will **NOT** be allowed. The candidate then must place a temporary restoration and advise the patient of such actions. Board staff will announce the 4:30 p.m. completion time. Any candidates and/or dental assistants still performing procedures on patients must immediately cease working and stand in their operatory when time is called. No candidate or dental assistant will be allowed to continue the examination after the completion time has been announced by Board staff, unless the candidate has a previously documented equipment failure requiring an additional fifteen (15) minutes. **THERE WILL BE NO EXCEPTIONS. IF A CANDIDATE, INCLUDING HIS/HER DENTAL ASSISTANT, WHO DOES NOT HAVE A PREVIOUSLY DOCUMENTED EQUIPMENT FAILURE CONTINUES TO WORK AFTER TIME HAS BEEN CALLED, THE CLINICAL FLOOR EXAMINER SHALL IMMEDIATELY RETRIEVE THE APPROPRIATE GRADE SHEET(S) FROM THE CANDIDATE AND NOTE HIS/HER EXAMINER NUMBER IN THE "CRITICAL ERROR" SECTION OF THE GRADE SHEET(S). THE CANDIDATE'S PATIENT SHALL NOT BE GRADED, AND THE CANDIDATE SHALL FAIL THE ENTIRE PROCEDURE.**

16. **Amalgam Preparation Grading Procedure**

The instruments listed below will be placed in the appropriate quart-size plastic bag, and labeled with the patient number, tooth number, and tooth surface. The plastic bag will be taken to the grading clinic receptionist at the time the patient is presented to the grading area. The patient will be assigned a number that indicates his/her position relative to being graded by the grading examiners. The following material is to be placed in the candidate's box and carried by the candidate/assistant to the grading area:

- a. One properly labeled four-film radiographic mount containing one pre-operative periapical of the tooth to be treated and bitewings of both sides of the mouth in the first three (3) openings (noting patient number and the words "pre-op")
- b. Class II Amalgam Preparation Grade Sheet (noting patient number, tooth number, tooth surface, and clinical floor examiner number)

- c. Pre-operative cast
- d. Properly labeled quart-size plastic bag containing the following instruments:
  - (1) Mouth mirror
  - (2) Explorer
  - (3) Articulating paper and holder

17. **Base/Liner Check**

After the patient returns from the grading area, the candidate will summon the clinical floor examiner for a base/liner check. The candidate will make the clinical decision whether to apply a base/liner. The clinical floor examiner must verify the decision; however, he/she may overrule the candidate's decision. **FAILURE TO OBTAIN A BASE/LINER CHECK WILL REDUCE THE CANDIDATE'S TREATMENT MANAGEMENT GRADE FOR THIS PORTION OF THE PROCEDURE TO A MAXIMUM OF THREE (3) ON THE FIVE (5) POINT SCALE.** For the purposes of this exercise, the following definitions will be used:

- a. Liners are a cement or resin applied in a minimal thickness (.5 mm or less)
  - (1) which provide a protective barrier
  - (2) which provide a therapeutic effect

Examples: Calcium hydroxide, zinc oxide, and glass ionomer liner (cavity varnishes and dentin adhesives are not considered as liners)

- b. Bases are a dentin replacement material for lost tooth structure
  - (1) which provide chemical and thermal insulation
  - (2) which have adequate strength to support the final restoration

Examples: Zinc phosphates, reinforced zinc-oxide eugenol, and glass ionomer bases

18. **Anatomical Design–Examination Guidelines for Amalgam Finished Carved Restoration**

- a. Correct occlusion
- b. Adequate reproduction of anatomical features
- c. Correct interproximal contact and contour allowing floss to pass through with resistance

- d. Smooth transition from tooth structure to restoration without “ditching” or “flash”
- e. Smooth surface free of voids, pitting, or scratches

19. **Amalgam Finished Carved Restoration**

The condensed and carved amalgam surface should **NOT** be polished or altered by abrasive rotary instrumentation except for purposes of adjusting occlusion. The candidate should be familiar with the properties of the amalgam being used and should allow sufficient time for the amalgam to set before sending the patient with the amalgam finished carved restoration to the grading area.

20. **Amalgam Finished Carved Restoration Grading Procedure**

The pre-operative cast should be placed in the appropriate quart-size plastic bag, and labeled with the patient number, tooth number, tooth surface, and candidate number. Additionally, the instruments listed below will be placed in the appropriate quart-size plastic bag, which previously has been labeled with the patient number, tooth number, and tooth surface. Both plastic bags will be taken to the grading clinic receptionist at the time the patient is presented to the grading area. A double-film post-operative bitewing, labeled with only the patient number and the words “post-op,” will be made of the finished carved restoration at this time. The patient will be assigned a number that represents his/her position relative to being graded by the grading examiners. The rubber dam is to be removed for grading of the amalgam finished carved restoration. The following material is to be placed in the candidate's box and carried by the candidate/assistant to the grading area:

- a. One properly labeled four-film radiographic mount containing one pre-operative periapical of the tooth to be treated and bitewings of both sides of the mouth in the first three (3) openings (noting patient number and the words “pre-op”); and one properly labeled four-film radiographic mount containing one post-operative bitewing of the tooth which has been treated in the first opening (noting patient number and the words “post-op”)
- b. Class II Amalgam Restoration Grade Sheet (noting patient number, tooth number, tooth surface, and clinical floor examiner number)
- c. Properly labeled quart-size plastic bag containing the pre-operative cast
- d. Properly labeled quart-size plastic bag containing the following instruments:
  - (1) Mouth mirror
  - (2) Explorer
  - (3) Articulating paper and holder

21. **Grading Criteria**

The following are categories that the grading examiners will evaluate in the amalgam preparation:

- a. Outline and Extension
- b. Internal Form
- c. Operative Environment and Tooth Polishing

The following are categories that the grading examiners will evaluate in the amalgam finished carved restoration:

- a. Anatomy and Occlusion
- b. Margins and Surface Finish
- c. Treatment Management and Base/Liner Check

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## RUBBER DAM ISOLATION EXAMPLE

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### EXAMPLE 5—RUBBER DAM ISOLATION







## **Clinical Exercises--Class III Composite Restoration**

### **1. Candidate Packets**

Green candidate packets labeled with the candidate's number will be placed in each candidate's operatory. The candidate packets will contain the following items:

- a. Class II Amalgam Preparation Grade Sheet
- b. Class II Amalgam Restoration Grade Sheet
- c. Class III Composite Preparation Grade Sheet
- d. Class III Composite Restoration Grade Sheet
- e. Removable Prosthetics Grade Sheet
- f. Two (2) Dental Candidate Patient Follow-Up Care Forms
- g. One (1) randomly assigned patient number to be used for all procedures
- h. Two (2) quart-size plastic bags (for pre-operative casts)
- i. One (1) gallon-size plastic bag (for removable prosthetics)
- j. Three (3) quart-size plastic bags (for sending instruments to grading)

### **2. Examination Requirements**

The candidate must complete a class III composite restoration on a vital tooth which exhibits a virgin interproximal carious lesion.

### **3. Tooth Selection**

The adjacent tooth in contact must be without caries in the contact area. The tooth may be in contact with a previously restored lesion or a full crown. It may not be in contact with a bridge pontic. If the candidate damages the adjacent tooth to the point where it must be restored, the candidate shall be required to restore the adjacent tooth during the clinical examination; in other words, the patient shall not leave the examination setting until the candidate has sufficiently restored the adjacent tooth to the satisfaction of the clinical floor examiner. No additional time will be granted to the candidate for this additional restoration. Access for the preparation must be made from the lingual. All other carious lesions in the tooth must be restored prior to the class III lesion that is to be prepared and graded. That is, if the tooth exhibits both mesial and distal carious lesions, the candidate must restore both lesions, but will indicate which surface is to be graded prior to beginning the procedure. The lesion may be gingival to the contact point, and if such, the preparation does not have to break the contact. Cuspids with caries on the distal are acceptable for this procedure. **ANY PREPARATION THAT OBVIOUSLY WILL NOT CONFORM TO A CONSERVATIVE RESTORATION MUST BE DOCUMENTED ON A DEVIATION FORM TO BE COMPLETED BY THE CANDIDATE DURING OPERATORY SETUP AND/OR PRIOR TO RECEIVING A STARTING CHECK.**

4. **Pre-operative Casts**

A pre-operative diagnostic cast will be made prior to the examination and poured in buff stone. This cast may be either of the full arch or of the quadrant to be treated.

5. **Radiographs**

A double-film pre-operative periapical of the tooth to be restored clearly demonstrating caries to the dentoenamel junction is to be placed in the first opening of two (2) two-film radiographic mounts. The mounts are to be labeled only with the patient number and the words "pre-op." The patient's condition as indicated on the pre-operative radiograph must be identical to the patient's condition when he/she presents for a starting check during the examination; otherwise, the patient will be rejected. **FURTHERMORE, EACH CANDIDATE WILL BE LIMITED TO A MAXIMUM OF TWO (2) POST-OPERATIVE RADIOGRAPHIC FILM PACKETS FOR THIS PROCEDURE.**

6. **Medical Health History Form**

A patient medical history is required for this procedure, even if the same patient is used for multiple procedures. These forms are provided to the candidate by the University of Mississippi Medical Center School of Dentistry and are discussed in the instructions on page 132. Medical Health History Forms are not signed by the candidate until the day of the procedure. The candidate must update the health history with the patient and have the patient sign the Medical Health History Form update section. These forms may have all other pertinent information completed beforehand; however, they must not be signed by the candidate until the date of the procedure and only then with a **CANDIDATE NUMBER (NOT SIGNATURE)**. However, for the initial starting check only, the candidate must not put his/her candidate number on the form until after an initial starting check has been given. Patients with conditions that could jeopardize the health of the patient, candidate, or examiner, e.g., Acquired Immune Deficiency Syndrome, blood dyscrasias, heart conditions, diabetes, hepatitis, venereal diseases, systemic conditions, tuberculosis, etc., will not be acceptable without written clearance from the patient's physician. Telephone releases regarding the patient's health history conditions are not acceptable. Patients requiring premedication should be advised to take these medications according to proper directions.

7. **Assistants**

Assistants are allowed for this procedure, and each candidate is allowed to bring one chairside assistant. Candidates may not assist each other during this procedure. The candidate is responsible for obtaining his/her own assistant, making any monetary arrangements, if necessary, and for the conduct of his/her assistant during the examination. Assistants will be given badges with numbers corresponding to the candidates they are assisting. Assistants must remain at the

assigned operatory or completely outside the examination area. **DENTAL SCHOOL GRADUATES OR DENTAL SCHOOL FACULTY MEMBERS MAY NOT SERVE AS DENTAL ASSISTANTS FOR THIS EXAMINATION**; however, the dental assistant may be a dental assistant, a dental hygienist, or a dental student.

8. **Textbooks**

Written materials/textbooks/drawings, excluding the candidate's examination manual, may not be used for this procedure.

9. **Pain Control**

Pain control shall be limited to the use of a topical and local anesthetic. Anesthetic solution must **NOT** be administered prior to receiving a starting check.

10. **Isolation**

A rubber dam **MUST** be in place during this procedure. Isolation will be, at a minimum, one tooth mesial and one tooth distal to the tooth being prepared. Single tooth isolation is not permitted. It is recommended that a rubber dam napkin also be utilized. The composite preparation will be graded with the rubber dam in place. The finished composite will be graded with the rubber dam removed. Example 5 on page 47 illustrates proper rubber dam isolation at a minimum.

11. **Operatory Setup and Initial Starting Check**

Inasmuch as the Board has access to the facilities of the University of Mississippi Medical Center School of Dentistry only between the hours of 8:00 a.m. and 5:00 p.m., all candidates must have their patients ready to enter the clinics for operatory setup promptly at 8:00 a.m. Any candidate whose patient is not available to enter with him/her for the 8:00 a.m. operatory setup will be given an initial starting check once the initial starting checks have been given to all other candidates in that clinic. In other words, if a candidate's patient arrives late, the candidate will not receive his/her initial starting check with the other candidates in the clinic. No additional time will be granted to the candidate for completion of the assigned procedures during this portion of the examination.

Prior to vacating the clinic, the candidate should indicate on the Class III Composite Preparation Grade Sheet and the Class III Composite Restoration Grade Sheet the tooth number and tooth surface he/she intends to prepare/restore. The patient number should already have been placed on both grade sheets by Board staff. Furthermore, the candidate must complete the top portion of the Dental Candidate Patient Follow-Up Care Form by noting the tooth number, circling the appropriate procedure, and having the patient sign and date the form indicating that the possibility of follow-up care has been discussed with the patient. Additionally, candidates will remove the operatory numbers from their units and ensure all operatory lights are turned on and pointed toward the ceiling. All candidates will vacate their assigned clinic when notified by Board personnel. After receiving the

initial starting check, all other starting checks will be given by the clinical floor examiner. Only the following should be available for the Class III Composite starting check:

- a. One two-film radiographic mount containing one pre-operative periapical of the tooth to be treated in the first opening (noting patient number and the words “pre-op”)
- b. Front surface mirror
- c. Explorer
- d. Pre-operative cast
- e. Medical Health History Form (without noting candidate number)
- f. Patient Disclaimer, Consent, and Release Form (without noting candidate number)
- g. Dental Candidate Patient Follow-Up Care Form (noting patient number, tooth number, procedure, patient signature, and date)
- h. Deviation Form only if the Class III Composite is not expected to conform to a conservative restoration and pursuant to the instructions in the “Tooth Selection” section on page 49 (noting patient number and tooth number)
- i. Class III Composite Preparation Grade Sheet (noting patient number, tooth number, and tooth surface)
- j. Class III Composite Restoration Grade Sheet (noting patient number, tooth number, and tooth surface)

If the patient is acceptable, a starting check will be indicated on both grade sheets. If the patient or tooth is unacceptable, a rejection notice will be left in the operatory. It will be the candidate's responsibility to obtain another patient. The starting check for the second patient will be given by the clinical floor examiner.

12. **Preparation Design–Examination Guidelines for Class III Composite Restoration**

- a. Outline Form and Extension
  - (1) Outline form is “C” or “D” shaped with the incisal wall located in the proximal contact area for minimal caries
  - (2) Outline form provides enough access for complete carious removal with margins extended to include all carious and decalcified tooth structure and allows room for proper material insertion

- (3) Margins terminate on sound tooth structure
- (4) Gingival floor location must break contact by at least .2 mm from the adjacent tooth if caries is in the contact point
- (5) Facial wall is approximately 90° to the axial wall and parallels the facial surface
- (6) Incisal and gingival walls should be almost parallel to each other and should not be rough or irregular
- (7) All margins should be placed in areas that enable proper insertion, finishing, and inspection of the restoration
- (8) Enamel cavosurface bevels should be distinct, .5 mm in width, and placed on facial cavosurface margin
- (9) The facial cavosurface margin is usually visible from the facial proximal aspect

b. Internal Form

- (1) Axial wall should be deep enough to allow the removal of all carious or decalcified tooth structure
- (2) Axial wall should usually extend slightly into the dentin
- (3) Axial wall is flat or has a slight convexity corresponding to the external tooth surfaces
- (4) Cavity walls should be definite, smooth, and not jagged or irregular

13. **Deviation of Preparation Outline**

Should the need arise to make a major modification of the preparation, the candidate is required to complete a deviation form with written justification for such deviation and the proposed treatment. A major deviation is defined as a fractured incisal edge during the preparation necessitating replacement of the incisal edge or caries undermining an existing incisal edge necessitating replacement of the incisal edge. Deviation forms may be obtained from Board staff. After completion of the deviation form and before proceeding with the preparation, the candidate must summon the clinical floor examiner to clinically observe the stated need for the major deviation.

14. **Pulpal Exposure**

If a candidate anticipates or actually causes a pulpal exposure, the clinical floor examiner must be notified at once. If an actual pulpal exposure does occur, the pa-

tient will be advised by the candidate of such exposure and the need for possible follow-up treatment.

15. **Time Restraints**

The candidate may perform this procedure at any time during the day; however, it must be completed by 4:30 p.m. The candidate should allow sufficient time to perform the procedure and to take and develop the required post-operative radiograph. If the candidate fails to budget sufficient time, a time extension will **NOT** be allowed. The candidate then must place a temporary restoration and advise the patient of such actions. Board staff will announce the 4:30 p.m. completion time. Any candidates and/or dental assistants still performing procedures on patients must immediately cease working and stand in their operatory when time is called. No candidate or dental assistant will be allowed to continue the examination after the completion time has been announced by Board staff, unless the candidate has a previously documented equipment failure requiring an additional fifteen (15) minutes. **THERE WILL BE NO EXCEPTIONS. IF A CANDIDATE, INCLUDING HIS/HER DENTAL ASSISTANT, WHO DOES NOT HAVE A PREVIOUSLY DOCUMENTED EQUIPMENT FAILURE CONTINUES TO WORK AFTER TIME HAS BEEN CALLED, THE CLINICAL FLOOR EXAMINER SHALL IMMEDIATELY RETRIEVE THE APPROPRIATE GRADE SHEET(S) FROM THE CANDIDATE AND NOTE HIS/HER EXAMINER NUMBER IN THE "CRITICAL ERROR" SECTION OF THE GRADE SHEET(S). THE CANDIDATE'S PATIENT SHALL NOT BE GRADED, AND THE CANDIDATE SHALL FAIL THE ENTIRE PROCEDURE.**

16. **Composite Preparation Grading Procedure**

The instruments listed below will be placed in the appropriate quart-size plastic bag, and labeled with the patient number, tooth number, and tooth surface. The plastic bag will be taken to the grading clinic receptionist at the time the patient is presented to the grading area. The patient will be assigned a number that indicates his/her position relative to being graded by the grading examiners. The following material is to be placed in the candidate's box and carried by the candidate/assistant to the grading area:

- a. One properly labeled two-film radiographic mount containing one pre-operative periapical of the tooth to be treated in the first opening (noting patient number and the words "pre-op")
- b. Class III Composite Preparation Grade Sheet (noting patient number, tooth number, tooth surface, and clinical floor examiner number)
- c. Pre-operative cast

- d. Properly labeled quart-size plastic bag containing the following instruments:
  - (1) Mouth mirror
  - (2) Explorer
  - (3) Articulating paper and holder

17. **Base/Liner Check**

After the patient returns from the grading area, the candidate will summon the clinical floor examiner for a base/liner check. The candidate will make the clinical decision whether to apply a base/liner. The clinical floor examiner must verify the decision; however, the clinical floor examiner may overrule the candidate's decision. **FAILURE TO OBTAIN A BASE/LINER CHECK WILL REDUCE THE CANDIDATE'S TREATMENT MANAGEMENT GRADE FOR THIS PORTION OF THE PROCEDURE TO A MAXIMUM OF THREE (3) ON THE FIVE (5) POINT SCALE.** For the purposes of this exercise, the following definitions will be used:

- a. Liners are a cement or resin applied in a minimal thickness (.5 mm or less)
  - (1) which provide a protective barrier
  - (2) which provide a therapeutic effect

Examples: Calcium hydroxide, zinc oxide, and glass ionomer liner (cavity varnishes and dentin adhesives are not considered as liners)

- b. Bases are a dentin replacement material for lost tooth structure
  - (1) which provide chemical and thermal insulation
  - (2) which have adequate strength to support the final restoration

Examples: Zinc phosphate, reinforced zinc-oxide eugenol, and glass ionomer bases

18. **Composite Finished Restoration–Examination Guidelines for Class III Composite Restoration**

- a. Proximal Contour and Contact
  - (1) Axial contours are continuous with existing natural tooth form and restores proper shape and position
  - (2) Proximal embrasures and proximal contact are restored to ideal
  - (3) Proximal contact should not be too open or too tight such that floss will not pass through
  - (4) Marginal ridge in the affected area is adequately restored to existing natural tooth form and function

- (5) Centric and excursive contacts are restored such that no promaturities exist, and the contacts are consistent with the occlusion on the other existing natural teeth in proximity

b. Margins and Integrity

- (1) Tooth restoration junction is such that it cannot be detected or is scarcely detected with an explorer
- (2) Shade of restoration matches or blends harmoniously with the surrounding natural tooth—should be no staining or discoloration of the tooth restoration surface
- (3) Tooth restoration interface should not be such that an explorer will penetrate with moderate force
- (4) Gingival margin should be flush with the tooth such that there is no overhang of composite detectable with floss or an explorer
- (5) There should not be an excess of composite beyond the tooth restoration interface, i.e., flash

c. Surface Finish

- (1) Surface of the restoration should be uniformly smooth without voids or pits in the restoration or at the tooth restoration interface
- (2) Adjacent tooth structure should not be marred or nicked during the finishing of the restoration

19. **Composite Finished Restoration Grading Procedure**

The pre-operative cast should be placed in the appropriate quart-size plastic bag, and labeled with the patient number, tooth number, tooth surface, and candidate number. Additionally, the instruments listed below will be placed in the appropriate quart-size plastic bag, and labeled with the patient number, tooth number, and tooth surface. Both plastic bags will be taken to the grading clinic receptionist at the time the patient is presented to the grading area. A double-film post-operative periapical radiograph, labeled with only the patient number and the words “post-op,” will be made of the finished restoration at this time. The patient will be assigned a number that represents his/her position relative to being graded by the grading examiners. The rubber dam is to be removed for grading of the composite finished restoration. A glaze should not be applied to the composite finished restoration. The following material is to be placed in the candidate's box and carried by the candidate/assistant to the grading area:



- a. One properly labeled two-film radiographic mount containing one pre-operative periapical of the tooth to be treated and one post-operative periapical of the tooth which has been treated (noting the patient number on both radiographs and the words “pre-op” for the pre-operative periapical and “post-op” for the post-operative periapical)
- b. Class III Composite Restoration Grade Sheet (noting patient number, tooth number, tooth surface, and clinical floor examiner number)
- c. Properly labeled quart-size plastic bag containing the pre-operative cast
- d. Properly labeled quart-size plastic bag containing the following instruments:
  - (1) Mouth mirror
  - (2) Explorer
  - (3) Articulating paper and holder

20. **Grading Criteria**

The following are categories that the grading examiners will evaluate in the composite preparation:

- a. Outline and Extension
- b. Internal Form
- c. Operative Environment and Tooth Polishing

The following are categories that the grading examiners will evaluate in the composite finished restoration:

- a. Contour/Contact/Occlusion
- b. Margins and Surface Finish
- c. Treatment Management and Base/Liner Check

**Clinical Exercises--Removable Prosthetics**

1. **Candidate Packets**

Green candidate packets labeled with the candidate's number will be placed in each candidate's operatory. The candidate packets will contain the following items:

- a. Class II Amalgam Preparation Grade Sheet
- b. Class II Amalgam Restoration Grade Sheet
- c. Class III Composite Preparation Grade Sheet
- d. Class III Composite Restoration Grade Sheet
- e. Removable Prosthetics Grade Sheet
- f. Two (2) Dental Candidate Patient Follow-Up Care Forms

- g. One (1) randomly assigned patient number to be used for all procedures
- h. Two (2) quart-size plastic bags (for pre-operative casts)
- i. One (1) gallon-size plastic bag (for removable prosthetics)
- j. Three (3) quart-size plastic bags (for sending instruments to grading)

2. **Examination Requirements**

The candidate must complete a maxillary and a mandibular final impression and establish centric jaw relation and vertical dimension on a totally edentulous patient. The posterior palatal seal will be marked on the maxillary impression.

3. **Patient Selection**

The patient must be completely edentulous; however, overlay denture patients are acceptable for this examination. Custom impression trays and pre-made bite rims may be prepared prior to the examination.

4. **Pre-operative Casts**

The pre-operative casts used to fabricate custom impression trays are to be turned in to the grading clinic receptionist at the completion of this exercise.

5. **Pre-Made Bite Rims**

Pre-made bite rims may be used for this exercise. No modifications may be made to these pre-made bite rims other than attaching them to the base plates. The height of the maxillary wax rim anteriorly should be 22 mm from the highest point on the labial flange to the edge of the occlusal surface of the wax occlusion rim. The occlusal surface of the occlusion rim at its posterior edge should be approximately 18 mm below the edge of the peripheral border of the baseplate. Example 6 on page 63 illustrates the dimensions of a pre-made bite rim.

6. **Examination Guidelines for Removable Prosthetics Procedure**

a. Final Impressions

- (1) All desired anatomical structures are accurately recorded
- (2) No voids or pressure areas present in impression
- (3) Borders are properly extended and contoured
- (4) Posterior palatal seal accurately marked on the maxillary impression
- (5) Impressions exhibit appropriate retention and stability in patient's mouth

- (6) Examples 7 and 8 on page 63 illustrate acceptable maxillary and mandibular final impressions

b. Centric Jaw Relation

- (1) Bite rims interlock precisely, but can be separated easily for evaluation
- (2) Centric jaw relation (the most retruded position) has been recorded
- (3) Even occlusal contact is present
- (4) Example 9 on page 64 demonstrates an acceptable centric jaw relation

c. Vertical Dimension

- (1) 2 mm - 3 mm of freeway space
- (2) Bite rims contact evenly
- (3) Examples 10 and 11 on page 64 demonstrate acceptable vertical dimension

7. **Radiographs**

Radiographs are not required for this exercise.

8. **Medical Health History Form**

A patient medical history is required for this procedure, even if the same patient is used for multiple procedures. These forms are provided to the candidate by the University of Mississippi Medical Center School of Dentistry and are discussed in the instructions on page 132. Medical Health History Forms are not signed by the candidate until the day of the procedure. The candidate must update the health history with the patient and have the patient sign the Medical Health History Form update section. These forms may have all other pertinent information completed beforehand; however, they must not be signed by the candidate until the date of the procedure and only then with a **CANDIDATE NUMBER (NOT SIGNATURE)**. However, for the initial starting check only, the candidate must not put his/her candidate number on the form until after an initial starting check has been given. Patients with conditions that could jeopardize the health of the patient, candidate, or examiner, e.g., Acquired Immune Deficiency Syndrome, blood dyscrasias, heart conditions, diabetes, hepatitis, venereal diseases, systemic conditions, tuberculosis, etc., will not be acceptable without written clearance from the patient's physician. Telephone releases regarding the patient's health history conditions are not acceptable. Patients requiring premedication should be advised to take these medications according to proper directions.

9. **Assistants**

Assistants are allowed for this procedure, and each candidate is allowed to bring one chairside assistant. Candidates may not assist each other during this procedure. The candidate is responsible for obtaining his/her own assistant, making any monetary arrangements, if necessary, and for the conduct of his/her assistant during the examination. Assistants will be given badges with numbers corresponding to the candidates they are assisting. Assistants must remain at the assigned operator or completely outside the examination area. **DENTAL SCHOOL GRADUATES OR DENTAL SCHOOL FACULTY MEMBERS MAY NOT SERVE AS DENTAL ASSISTANTS FOR THIS EXAMINATION**; however, the dental assistant may be a dental assistant, a dental hygienist, or a dental student.

10. **Textbooks**

Written materials/textbooks/drawings, excluding the candidate's examination manual, may not be used for this procedure.

11. **Operatory Setup and Initial Starting Check**

Inasmuch as the Board has access to the facilities of the University of Mississippi Medical Center School of Dentistry only between the hours of 8:00 a.m. and 5:00 p.m., all candidates must have their patients ready to enter the clinics for operatory setup promptly at 8:00 a.m. Any candidate whose patient is not available to enter with him/her for the 8:00 a.m. operatory setup will be given an initial starting check once the initial starting checks have been given to all other candidates in that clinic. In other words, if a candidate's patient arrives late, the candidate will not receive his/her initial starting check with the other candidates in the clinic. No additional time will be granted to the candidate for completion of the assigned procedures during this portion of the examination.

Prior to vacating the clinic, the candidate should ensure that the patient number has been properly noted by Board staff on the Removable Prosthetics Grade Sheet. Additionally, candidates will remove the operatory numbers from their units and ensure all operatory lights are turned on and pointed toward the ceiling. All candidates will vacate their assigned clinic when notified by Board personnel. After receiving the initial starting check, all other starting checks will be given by the clinical floor examiner. Only the following should be available for the Removable Prosthetics starting check:

- a. Front surface mirror
- b. Pre-operative casts
- c. Pre-made bite rims
- d. Medical Health History Form (without noting candidate number)

- e. Patient Disclaimer, Consent, and Release Form (without noting candidate number)
- f. Removable Prosthetics Grade Sheet (noting patient number)

If the patient is acceptable, a starting check will be indicated on the grade sheet. If the patient is unacceptable, a rejection notice will be left in the operatory. It will be the candidate's responsibility to obtain another patient. The starting check for the second patient will be given by the clinical floor examiner.

## 12. Time Restraints

The candidate may perform this procedure at any time during the day; however, it must be completed by 4:30 p.m. The candidate may perform the centric jaw relation prior to performing the final impressions if he/she so desires. The candidate should allow sufficient time to perform the procedure. If the candidate fails to budget sufficient time, an extension will **NOT** be allowed. Board staff will announce the 4:30 p.m. completion time. Any candidates and/or dental assistants still performing procedures on patients must immediately cease working and stand in their operatory when time is called. No candidate or dental assistant will be allowed to continue the examination after the completion time has been announced by Board staff, unless the candidate has a previously documented equipment failure requiring an additional fifteen (15) minutes. **THERE WILL BE NO EXCEPTIONS. IF A CANDIDATE, INCLUDING HIS/HER DENTAL ASSISTANT, WHO DOES NOT HAVE A PREVIOUSLY DOCUMENTED EQUIPMENT FAILURE CONTINUES TO WORK AFTER TIME HAS BEEN CALLED, THE CLINICAL FLOOR EXAMINER SHALL IMMEDIATELY RETRIEVE THE APPROPRIATE GRADE SHEET(S) FROM THE CANDIDATE AND NOTE HIS/HER EXAMINER NUMBER IN THE "CRITICAL ERROR" SECTION OF THE GRADE SHEET. THE CANDIDATE'S PATIENT SHALL NOT BE GRADED, AND THE CANDIDATE SHALL FAIL THE ENTIRE PROCEDURE.**

## 13. Removable Prosthetics Grading Procedure

After completion of the final impressions, centric jaw relation, and vertical dimension, the patient will be escorted to the grading area by the candidate or his/her assistant. The pre-operative casts, final denture impressions, and base plates with bite rims will be placed in the appropriate gallon-size plastic bag, and labeled with the patient number. Neither the final impressions nor the base plates with bite rims are to be in the patient's mouth. Additionally, the instruments listed below will be placed in the appropriate quart-size plastic bag, and labeled with the patient number. Both plastic bags will be taken to the grading clinic receptionist at the time the patient is presented to the grading area. The patient will be assigned a number that indicates his/her position relative to being graded by the grading examiners. The following material is to be placed in the candidate's box and carried by the candidate/assistant to the grading area:

- a. Removable Prosthetics Grade Sheet (noting patient number and clinical floor examiner number)
- b. Properly labeled gallon-size plastic bag containing pre-operative casts, final denture impressions, and base plates with bite rims
- c. Properly labeled quart-size plastic bag containing the following instruments:
  - (1) Mouth mirror
  - (2) Explorer

The green candidate packet containing the randomly assigned patient number should be returned to Board staff at the conclusion of all exercises for the day.

14. **Grading Criteria**

The following are categories that the grading examiners will evaluate for the final denture impressions:

- a. Surface Detail/Accuracy
- b. Extensions
- c. Retention

The following are categories that the grading examiners will evaluate for centric jaw relation and vertical dimension:

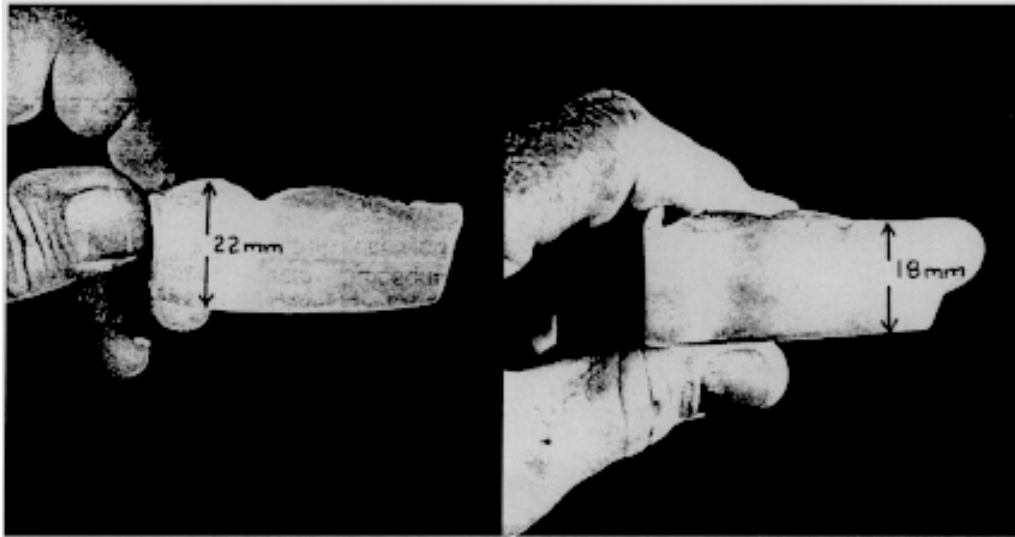
- a. Accurate Recording of Centric Jaw Relation
- b. Freeway Space

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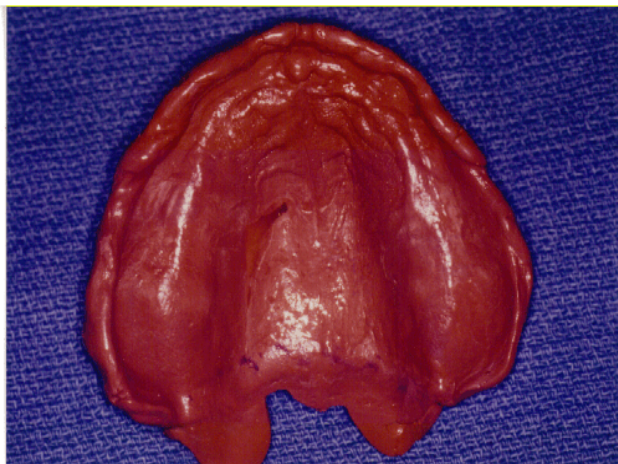
## REMOVABLE PROSTHETICS EXERCISE EXAMPLES

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**EXAMPLE 6—PRE-MADE BITE RIMS**



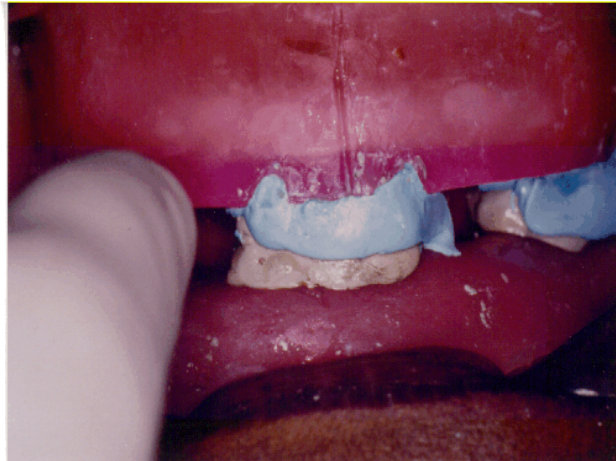
**EXAMPLE 7 – FINAL MAXILLARY**



**EXAMPLE 8 – FINAL MANDIBULAR**



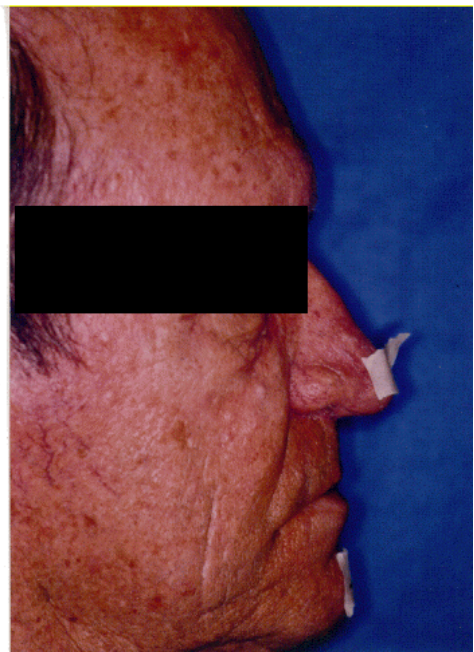
**EXAMPLE 9—CENTRIC JAW RELATION**



**EXAMPLE 10—  
VERTICAL DIMENSION**



**EXAMPLE 11—  
VERTICAL DIMENSION**





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## DAY 4—THURSDAY, JUNE 10, 2004

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PERIODONTICS EXERCISE CLINIC B	
8:00 a.m. to 8:30 a.m.	OPERATORY SETUP Fourth Floor
8:30 a.m. to 9:00 a.m.	STARTING CHECKS
9:00 a.m.	PERIODONTICS 4 Hour Completion Time
1:00 p.m.	CLINIC CLOSING

PERIODONTICS EXERCISE CLINIC C	
8:30 a.m. to 9:00 a.m.	OPERATORY SETUP Fourth Floor
9:00 a.m. to 9:30 a.m.	STARTING CHECKS
9:30 a.m.	PERIODONTICS 4 Hour Completion Time
1:30 p.m.	CLINIC CLOSING

PERIODONTICS EXERCISE CLINIC D	
9:00 a.m. to 9:30 a.m.	OPERATORY SETUP Fourth Floor
9:30 a.m. to 10:00 a.m.	STARTING CHECKS
10:00 a.m.	PERIODONTICS 4 Hour Completion Time
2:00 p.m.	CLINIC CLOSING

## **Periodontics**

### **1. Candidate Packets**

Red candidate packets labeled with the candidate's number will be placed in each candidate's operatory. The candidate should ensure his/her candidate number corresponds to the candidate packet in his/her operatory. The candidate packets will contain the following items:

- a. Periodontal Treatment Exercise Grade Sheet (pink paper)
- b. Periodontal Diagnostic Exercise Grade Sheet (pink paper)
- c. One (1) Dental Candidate Patient Follow-Up Care Form (buff paper)
- d. Red periodontal binder containing red and blue pencils
- e. One (1) randomly assigned patient number
- f. One (1) quart-size plastic bag (for sending instruments to grading)

Candidates should very carefully check the contents of each candidate packet and notify Board personnel if any item listed above is not in his/her packet.

### **2. Examination Requirements**

The candidate must complete a charting of all pre-existing conditions, i.e., all missing, decayed, and restored teeth; pathological conditions; pocket depths; mobility; and recession levels. The candidate will provide a written diagnosis and treatment plan of the full mouth (complete rehabilitation), scale six (6) assigned teeth (at least three (3) of which will be posterior), and polish those assigned teeth. The term "scaling" includes complete removal of explorer detectable calculus, soft deposits and plaque, and smoothing the portions of the crown and root surfaces to which no tissue is attached. Ultrasonic and sonic scalers may be used and must be compatible with the University of Mississippi Medical Center School of Dentistry's specifications. Cavi-Jets® or air polishing instruments/units **MUST NOT** be utilized during this procedure. Each candidate must provide his/her own ultrasonic or sonic scalers and tips.

### **3. Examination Purpose**

The purpose of the periodontal exercise is to assess the ability of the candidate to detect subgingival calculus and to accurately measure the depth of the gingival sulcus and periodontal pockets. It is also to assess the candidate's ability to remove detectable subgingival calculus by scaling and to polish teeth without causing injury to the surrounding soft tissue. This exercise is not intended to render complete patient care, but to demonstrate the ability of the candidate to perform only on the selected teeth.

4. **Patient Selection**

Patient requirements for the periodontal exercise are as follows:

- a. Patient must have a minimum of twenty (20) natural teeth, at least ten (10) of which are posterior teeth
- b. Patient must have at least one quadrant with the following: interproximal probing depths of three (3) to eight (8) millimeters (mm), some of which must exceed three (3) mm (deviation of one (1) mm from the three (3) to eight (8) mm range is acceptable)
- c. Generalized subgingival deposits continuing through the interproximal and line angles; calculus must be radiographically evident

5. **Pre-operative Casts**

No pre-operative diagnostic casts or post-operative casts are required for this procedure.

6. **Radiographs**

The candidate shall provide full-mouth radiographs, i.e., an eighteen (18) film series, of the patient, at least four (4) of which must be bitewing radiographs. Panoramic radiographs are not acceptable. Radiographs must be of diagnostic quality depicting the current conditions of the patient's oral health. These radiographs should be prepared no more than sixty (60) days prior to the examination, and they should be labeled only with the patient number and the words "pre-op." Only original radiographs are acceptable, and all radiographs will be retained by the Board. The patient's condition as indicated on the pre-operative radiographs must be identical to the patient's condition when he/she presents for a starting check during the examination; otherwise, the patient will be rejected. **FURTHERMORE, EACH CANDIDATE WILL BE LIMITED TO A MAXIMUM OF FOUR (4) POST-OPERATIVE RADIOGRAPHIC FILM PACKETS FOR THIS PROCEDURE UNLESS THE CANDIDATE HAS BEEN ASSIGNED ANY ANTERIOR TEETH FOR THE PROCEDURE, IN WHICH CASE THE CANDIDATE WILL BE REQUIRED TO TAKE A PERIAPICAL RADIOGRAPH OF THE ANTERIOR TEETH IN ADDITION TO THE BITEWINGS OF THE POSTERIOR TEETH. IF THE CANDIDATE HAS BEEN ASSIGNED ANY ANTERIOR TEETH, SIX (6) POST-OPERATIVE RADIOGRAPHIC FILM PACKETS WILL BE PROVIDED FOR THIS PROCEDURE.**

7. **Medical Health History Form**

A patient medical history is required for this procedure, even if the same patient is used for multiple procedures. These forms are provided to the candidate by the University of Mississippi Medical Center School of Dentistry and are discussed in the instructions on page 132. Medical Health History Forms are not signed by the candidate until the day of the procedure. The candidate must update the health

history with the patient and have the patient sign the Medical Health History Form update section. These forms may have all other pertinent information completed beforehand; however, they must not be signed by the candidate until the date of the procedure and only then with a **CANDIDATE NUMBER (NOT SIGNATURE)**. However, for the initial starting check only, the candidate must not put his/her candidate number on the form until after an initial starting check has been given. Patients with conditions that could jeopardize the health of the patient, candidate, or examiner, e.g., Acquired Immune Deficiency Syndrome, blood dyscrasias, heart conditions, diabetes, hepatitis, venereal diseases, systemic conditions, tuberculosis, etc., will not be acceptable without written clearance from the patient's physician. Telephone releases regarding the patient's health history conditions are not acceptable. Patients requiring premedication should be advised to take these medications according to proper directions.

8. **Assistants**

Assistants are allowed for this procedure, and each candidate is allowed to bring one chairside assistant. Candidates may not assist each other during this procedure. The candidate is responsible for obtaining his/her own assistant, making any monetary arrangements, if necessary, and for the conduct of his/her assistant during the examination. Assistants will be given badges with numbers corresponding to the candidates they are assisting. Assistants must remain at the assigned operatory or completely outside the examination area. **DENTAL SCHOOL GRADUATES OR DENTAL SCHOOL FACULTY MEMBERS MAY NOT SERVE AS DENTAL ASSISTANTS FOR THIS EXAMINATION**; however, the dental assistant may be a dental assistant, a dental hygienist, or a dental student.

9. **Textbooks**

Written materials/textbooks/drawings, excluding the candidate's examination manual, may not be used for this procedure.

10. **Pain Control**

Pain control shall be limited to the use of a topical and local anesthetic. Anesthetic solutions may **NOT** be administered prior to receiving a starting check; however, prior to sending the patient to be graded for the diagnostic portion of the procedure, the candidate **MUST** ensure the area(s) to be treated are properly anesthetized. This is for the patient's comfort.

11. **Operatory Setup and Initial Starting Check**

Inasmuch as the Board has access to the facilities of the University of Mississippi Medical Center School of Dentistry only between the hours of 8:00 a.m. and 5:00 p.m., all candidates must have their patients ready to enter the clinics for operatory setup promptly at the assigned time for that candidate's clinic. Any candidate whose patient is not available to enter with him/her for the assigned operatory setup time will be given an initial starting check once the initial starting checks have

been given to all other candidates in that clinic. In other words, each clinic has four (4) hours to complete this procedure, once the initial starting check has been given. If a candidate's patient arrives late, the candidate will receive his/her initial starting check after the other candidates in the clinic, and the candidate will not be granted any additional time, i.e., the full four (4) hours, to complete the procedure. For example, if the starting time for Clinic B is 9:00 a.m., and the candidate's patient arrives sometime after the starting time for that clinic, then the candidate still must complete all procedures by the end of the four (4) hours for that clinic, or 1:00 p.m. The same also applies to candidates whose patients have been rejected and who must obtain backup patients.

Starting times for each clinic will be in 30-minute increments. Operatory setup for Clinic B will begin at 8:00 a.m., for Clinic C at 8:30 a.m., and for Clinic D at 9:00 a.m. However, all patients must arrive at the University of Mississippi Medical Center School of Dentistry no later than 7:45 a.m. and be prepared to stay, at a minimum, until 2:00 p.m. or until dismissed by the candidate after grading.

Prior to vacating the clinic, the candidate should ensure that the patient number and binder number have been placed by Board staff in all appropriate places on the Periodontal Diagnostic Exercise Grade Sheet, Periodontal Treatment Exercise Grade Sheet, red periodontal binder, and all forms inside the red periodontal binder. Furthermore, the candidate must complete the top portion of the Dental Candidate Patient Follow-Up Care Form by circling the "Periodontics" procedure and having the patient sign and date the form indicating that the possibility of follow-up care has been discussed with the patient. Additionally, candidates will remove the operatory numbers from their units and ensure all operatory lights are turned on and pointed toward the ceiling. All candidates will vacate their assigned clinic when notified by Board personnel.

Board examiners will enter the clinic and make assignments of the six (6) teeth, at least three (3) of which must be posterior, that are to have the pocket depths and detectable calculus recorded on the Periodontal Diagnostic Exercise Grade Sheet; however, candidates must remember that they are to record the pocket depths, etc., as noted earlier, for **ALL** teeth on the tooth chart in the red periodontal binder. Additionally, these same six (6) teeth will be noted on the Periodontal Treatment Exercise Grade Sheet for removal of calculus, stain and plaque, and tooth polishing. The examiners will review the Medical Health History Form and information concerning the patient's health history in determining the patient's acceptability for this procedure. Instruments are provided by the University of Mississippi Medical Center School of Dentistry in the periodontal kit.

The following should be available for a starting check:

- a. Candidate-Issued red periodontal binder with red and blue pencils (noting patient number and binder number on the cover and all appropriate pages inside the binder)
- b. Pre-operative radiographs (noting patient number and the words "pre-op")

- c. Front surface mirror
- d. #5 explorer
- e. ODU 11/12 explorer
- f. Moffitt probe
- g. Color-coded periodontal probe
- h. Periodontal Diagnostic Exercise Grade Sheet (noting patient number and binder number)
- i. Periodontal Treatment Exercise Grade Sheet (noting patient number and binder number)
- j. Medical Health History Form (without noting candidate number)
- k. Patient Disclaimer, Consent, and Release Form (without noting candidate number)
- l. Dental Candidate Patient Follow-Up Care Form (noting patient number, "Periodontics" procedure, patient signature, and date)

If the patient is acceptable, a starting check will be indicated on all appropriate pages in the red periodontal binder and both grade sheets. If the patient is unacceptable, a rejection notice will be left in the operatory. It will be the candidate's responsibility to obtain another patient. The starting check for the second patient will be given by the clinical floor examiner. If a candidate has to obtain a backup patient, he/she will be expected to finish the procedure at the same time as the other candidates in his/her clinic; no additional time will be granted to a candidate who must obtain a backup patient.

When the candidate returns to the assigned operatory, he/she should review both grade sheets to determine which six (6) teeth have been assigned for specific portions of this procedure. Again, the candidate must remember that he/she will record pocket depth measurements in millimeters (mm) on **ALL** teeth on the tooth chart in the red periodontal binder; however, he/she will transfer these recordings on only the six (6) assigned teeth to the Periodontal Diagnostic Exercise Grade Sheet. Six (6) recordings will be made for each tooth. If the candidate has a question concerning this assignment, he/she should immediately contact the clinical floor examiner for clarification prior to beginning the exercise.

Next, record **ALL** areas of detectable calculus with an "X" for the six (6) assigned teeth on the Periodontal Diagnostic Exercise Grade Sheet. A minimum of one area of detectable calculus must be indicated on each of the six (6) assigned teeth. No recordings will be entered at this time on the Periodontal Treatment Exercise Grade Sheet.

After completion of the measurements on the six (6) assigned teeth on the Periodontal Diagnostic Exercise Grade Sheet, the candidate should proceed with the recording of **ALL**, i.e., full mouth, periodontal pocket depths, mobility, recession levels, and charting of the oral conditions/restorations and pathology on the periodontal tooth chart which is located in the candidate-issued red periodontal binder. The candidate, at all times, should ensure that the periodontal tooth chart has not been contaminated (e.g., removing gloves prior to making notations on the chart and ensuring that the periodontal tooth chart and pencils are kept away from contaminated areas). A diagnosis and treatment plan for the full mouth (complete rehabilitation) for this patient should be recorded in the candidate-issued red periodontal binder. Red and blue pencils are to be used only for charting the pre-existing conditions. The location of pocket depth measurements around the circumference of the tooth is illustrated by Example 12 on page 75, and Example 13 on page 75 illustrates proper periodontal probe placement. Example 14 on page 76 is a sample of symbols and their appropriate color (red or blue) for the periodontal exercise, and Example 15 on page 77 illustrates a completed periodontal tooth chart.

## 12. **Time Restraints**

This procedure will be completed on Day 4 of the examination. After the clinic receives a starting check, all candidates in that clinic will be allowed four (4) hours from the designated starting time to complete the procedure. The candidate should allow sufficient time to perform the procedure and to take and develop the required post-operative radiographs. If the candidate fails to budget sufficient time, an extension will **NOT** be allowed. Furthermore, if a candidate's patient does not arrive by the designated time for that clinic's operatory setup, or if the candidate's first patient is rejected and the candidate has to obtain a backup patient, the candidate still must complete the procedure by the same completion time as has been established for the remainder of the clinic during the initial starting checks. Board staff will announce the completion time for each clinic at the conclusion of four (4) hours. Any candidates and/or dental assistants still performing procedures on patients must immediately cease working and stand in their operatory when time is called. Afterwards, the candidate must take the Periodontal Treatment Exercise Grade Sheet to the clinical floor examiner to have the completion time noted in the appropriate space. No candidate or dental assistant will be allowed to continue the examination after the completion time has been announced by Board staff, unless the candidate has a previously documented equipment failure requiring an additional fifteen (15) minutes. **THERE WILL BE NO EXCEPTIONS. IF A CANDIDATE, INCLUDING HIS/HER DENTAL ASSISTANT, WHO DOES NOT HAVE A PREVIOUSLY DOCUMENTED EQUIPMENT FAILURE CONTINUES TO WORK AFTER TIME HAS BEEN CALLED, THE CLINICAL FLOOR EXAMINER SHALL IMMEDIATELY RETRIEVE THE APPROPRIATE GRADE SHEET(S) FROM THE CANDIDATE AND NOTE HIS/HER EXAMINER NUMBER IN THE "CRITICAL ERROR" SECTION OF THE GRADE SHEET(S). THE CANDIDATE'S PATIENT SHALL NOT BE GRADED, AND THE CANDIDATE SHALL FAIL THE ENTIRE PROCEDURE.**

13. **Periodontal Diagnostic Exercise Grading Procedure**

When the candidate has completed recording periodontal pocket and bone level measurements, charting existing restorations, charting pathological conditions and missing teeth, formulating a diagnosis and treatment plan, and entering the assigned teeth's periodontal pocket depths and detectable calculus on the Periodontal Diagnostic Exercise Grade Sheet, the patient should be escorted to the grading area. At this time, **NO** removal of any calculus should have occurred. Furthermore, the area(s) to be treated on the patient should have been properly anesthetized for the patient's comfort. The candidate is not to use a scaler or ultrasonic/sonic unit until the patient returns from the grading area. Additionally, the instruments listed below will be placed in the appropriate quart-size plastic bag, and labeled with the patient number. The patient will be assigned a number that represents his/her position relative to being graded by the grading examiners. Two (2) of the six (6) assigned teeth will be selected for grading as to periodontal pocket depths and calculus detection by the grading examiners in the grading area for the periodontal diagnostic exercise portion of this procedure. The following material is to be placed in the candidate's box and carried by the candidate/assistant to the grading area:

- a. Properly labeled and mounted pre-operative radiographs (noting patient number and the words "pre-op")
- b. Periodontal Diagnostic Exercise Grade Sheet (noting patient number, binder number, and clinical floor examiner number)
- c. Candidate-Issued red periodontal binder with red and blue pencils (noting patient number and binder number on the cover; and patient number, binder number, and clinical floor examiner number on all appropriate pages inside the binder)
- d. Properly labeled quart-size plastic bag containing the following instruments:
  - (1) Front surface mirror
  - (2) #5 explorer
  - (3) ODU 11/12 explorer
  - (4) Moffitt probe
  - (5) Color-coded periodontal probe

14. **Periodontal Treatment Exercise Grading Procedure**

After completion of scaling and polishing of the six (6) assigned teeth, the candidate will take a double-film bitewing radiographic series of the assigned teeth. **ALSO, IN THE EVENT THE CANDIDATE WAS ASSIGNED ANY ANTERIOR TEETH, THE CANDIDATE WILL BE REQUIRED TO TAKE DOUBLE-FILM PERIAPICAL RADIOGRAPHS OF THE ANTERIOR TEETH, IN ADDITION TO THE BITEWING RADIOGRAPHS OF THE POSTERIOR TEETH.** In order for the candidate to receive the periapical film packets for his/her anterior teeth, the candidate must show proof that he/she has been assigned anterior teeth for treatment by presenting



his/her Periodontal Treatment Exercise Grade Sheet indicating the six (6) assigned teeth to the appropriate staff of the University of Mississippi Medical Center School of Dentistry. Unless the candidate provides this proof of being assigned anterior teeth for treatment, he/she **WILL NOT** be given any periapical radiographic film packets.

The radiographic films will be mounted in two (2) two-film radiographic mounts and labeled only with the patient number and the words “post-op.” Additionally, the instruments listed below will be placed in the appropriate quart-size plastic bag, which previously has been labeled with the patient number. The patient should be escorted to the grading area where he/she will be assigned a number relative to being graded by the grading examiners. Two (2) of the six (6) assigned teeth will be selected for grading as to removal of calculus, stain and plaque, and tooth polishing by the grading examiners in the grading area for the periodontal treatment exercise portion of this procedure. The following material is to be placed in the candidate's box and carried by the candidate/assistant to the grading area:

- a. Properly labeled and mounted pre-operative radiographs and post-operative bitewing/periapical radiographs (noting patient number on all radiographs and the words “pre-op” or “post-op,” as appropriate)
- b. Periodontal Treatment Exercise Grade Sheet (noting binder number, patient number, starting time, and clinical floor examiner number)
- c. Properly labeled quart-size plastic bag containing the following instruments:
  - (1) Front surface mirror
  - (2) #5 explorer
  - (3) ODU 11/12 explorer
  - (4) Moffitt probe
  - (5) Color-coded periodontal probe

As previously noted, if the candidate is working on his/her patient when time is called by Board staff for the clinic, the candidate and his/her dental assistant will immediately stand, and the candidate will take the Periodontal Treatment Exercise Grade Sheet to the clinical floor examiner to have the completion time noted in the appropriate section prior to escorting his/her patient to the grading area.

The red candidate packet containing the randomly assigned patient number should be returned to Board staff at the conclusion of the periodontal exercise.

## 15. **Grading Criteria**

The following are categories that the grading examiners will evaluate in the periodontal diagnostic exercise:

- a. Periodontal Pocket Depths
- b. Calculus Detection

- c. Radiographic Interpretation
- d. Full-Mouth Diagnosis and Treatment Plan

For the two (2) teeth selected for grading as to periodontal pocket depths and calculus detection, the candidate's grade will be affected only if more than one (1) grading examiner determines inaccurate or missing recordings for the same surface(s) on the same tooth.

The following are categories that the grading examiners will evaluate in the periodontal treatment exercise:

- a. Calculus Removal
- b. Stain, Plaque Removal, and Tooth Polishing
- c. Patient Management

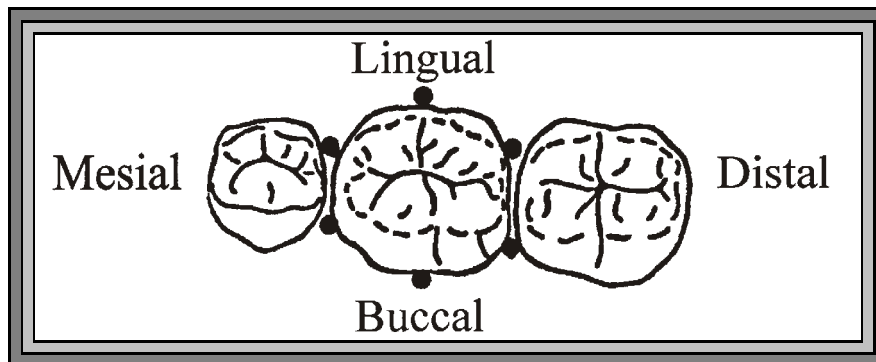
For the two (2) teeth selected for grading as to removal of calculus, stain and plaque, and tooth polishing, the candidate's grade will be affected only if more than one (1) grading examiner determines remaining calculus, stain, plaque, etc., for the same surface(s) on the same tooth.

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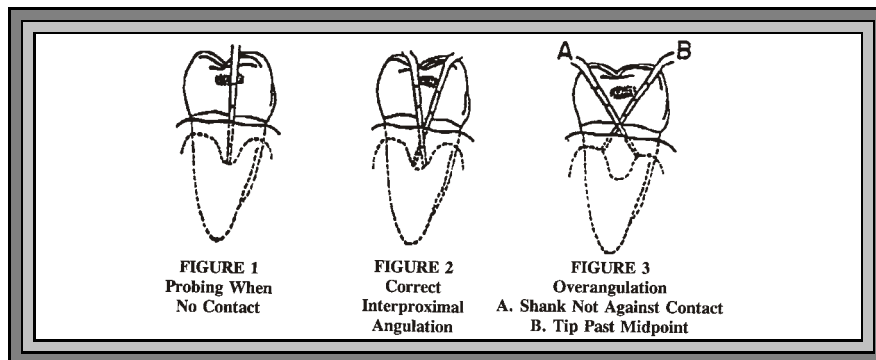
## PERIODONTICS EXERCISE EXAMPLES

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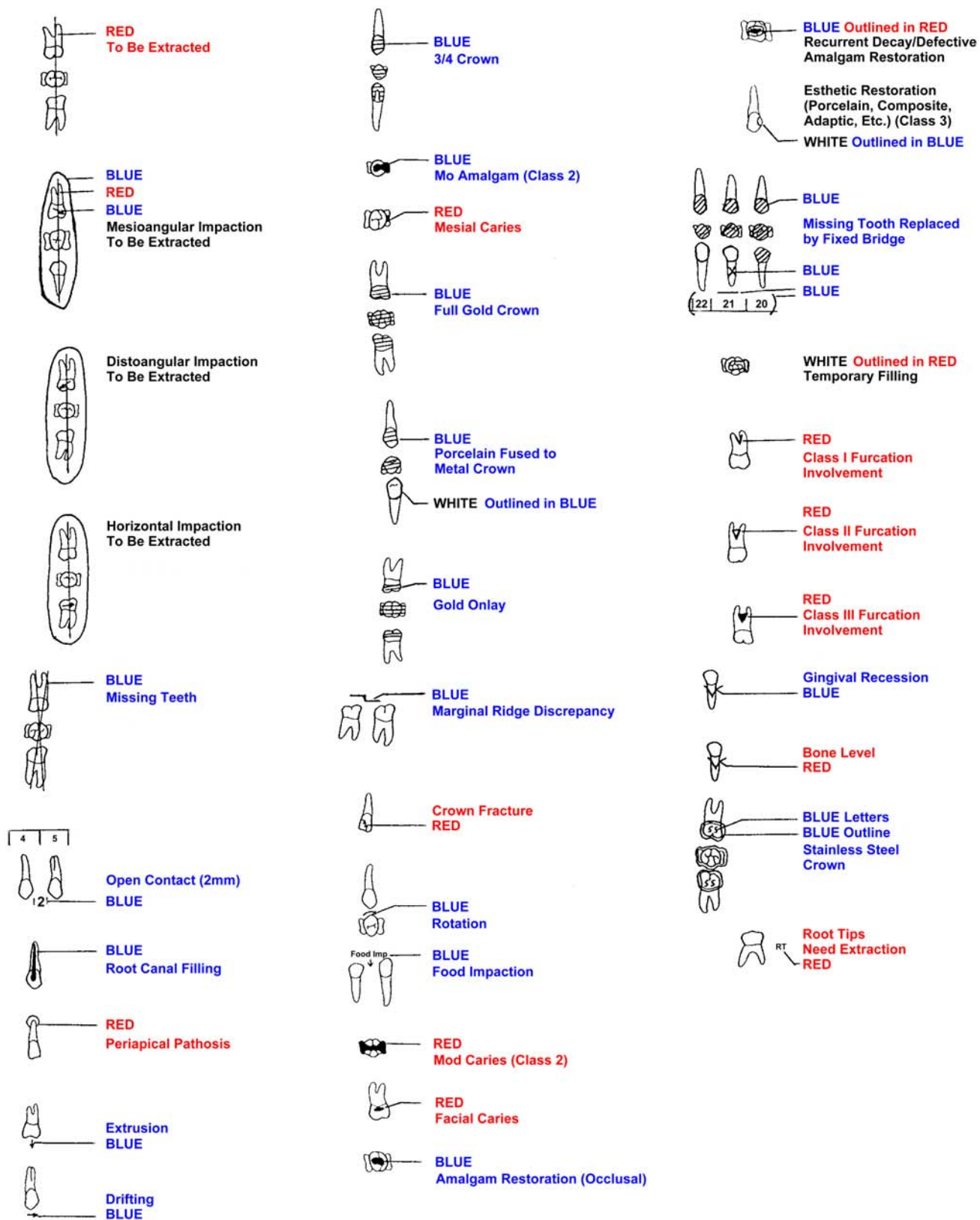
### EXAMPLE 12-POCKET DEPTH LOCATIONS



### EXAMPLE 13-PERIODONTAL PROBE PLACEMENT



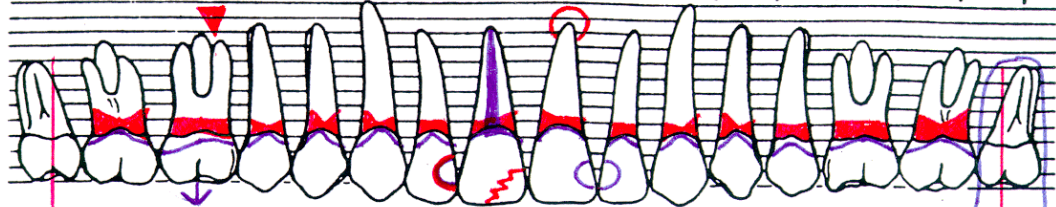
## EXAMPLE 14-CHARTING SYMBOLS



MOBILITY  
RECESSION INDEX  
PROBE DEPTH

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		1	0	1	2	1	1	1	0	1	1	0	1	1	0	1	
		3	2	3	2	2	2	1	2	3	1	3	1	2	2	2	
		1	2	3	2	2	2	1	2	3	1	3	1	2	2	2	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	

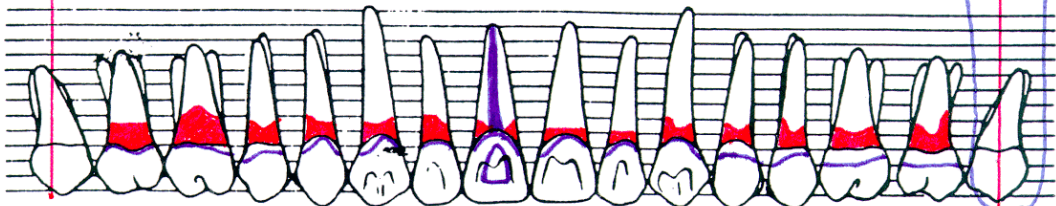
**BUCCAL**



**OCCLUSAL**



**LINGUAL**



RECESSION INDEX  
PROBE DEPTH

[illegible]

*RIGHT*

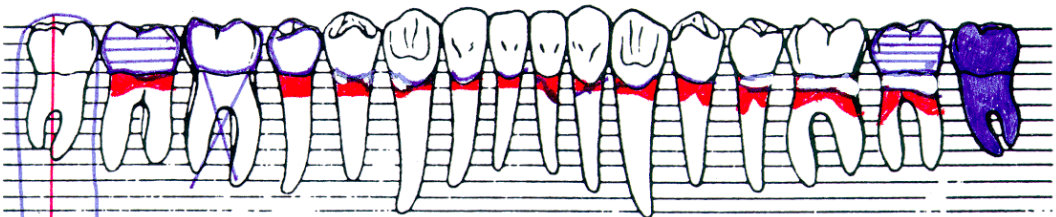
Spacing between the horizontal lines is 2 mm.

**LEFT**

**RECESSION INDEX**  
**PROBE DEPTH**

L/N		0110		0100	1102	2111	1110	0100	1314	3141	1100	0101	1122	2123	2123	
		3122		3133	3133	3122	2122	2122	3141	3122	2123	3124	5134	4135	6415	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

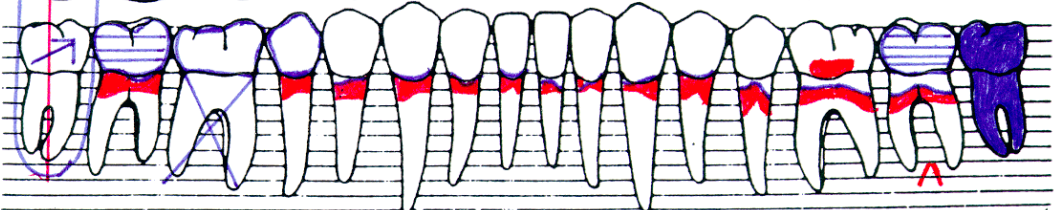
**LINGUAL**



**OCCLUSAL**



**BUCCAL**



RECESSION INDEX  
PROBE DEPTH  
MOBILITY

[illegible]



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## GENERAL INFORMATION

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### 1. Grading System

The Board has adopted a double-blind grading system, whereby at least one examiner will be assigned to each clinic as a clinical floor examiner. This clinical floor examiner will give starting checks and be available for emergency situations. All procedures will be graded in a grading clinic which will be entirely separate from the candidate clinics. Each procedure will be graded by three (3) grading examiners. Patients will be escorted to the entrance of the grading clinic by the candidate or his/her assistant. In scheduling patients and planning the utilization of time, the candidate should consider the fact that the time allowed for the exercise includes the time during which the patient will be in the grading clinic for grading. Appropriate time management **IS VITAL** to the candidate's ability to successfully complete this examination. After grading, the patient will be instructed to return to the candidate's clinic. **UNDER NO CIRCUMSTANCES WILL CANDIDATES OR THEIR ASSISTANTS BE ALLOWED IN THE GRADING CLINIC AND PATIENT WAITING AREA.** Further details and directions will be given at the orientation session.

The Board is responsible for determining whether the score earned by the candidate is acceptable for licensure. A score of 75 points on each exercise is recommended by the Board as confirmation of minimal competence. The entire exercise is based on a possible score of 100 points of which there are eight (8) exercises. The exercises and their point values are illustrated by the following table:

EXAMINATION EXERCISE & GRADING CRITERIA		CRITERIA PERCENTAGE WEIGHT	OVERALL POINT VALUE
1.	Endodontics (10.00 Overall Points)		
	Criterion: Access	50.00%	5.00
	Criterion: Obturation	50.00%	5.00
	<b>Procedure Totals</b>	<b>100.00%</b>	<b>10.00</b>
2.	Typodont Exercise Number 1 (5.00 Overall Points)		
	Criterion: Margins and Path of Insertion; or Anatomy and Occlusion; or Contour, Contact and Occlusion; or Outline and Extension	45.00%	
	Criterion: Retention/Resistance Form; or Finish Lines and Surface Finish; or Internal Form	45.00%	
	Criterion: Treatment Management	10.00%	
	<b>Procedure Totals</b>	<b>100.00%</b>	<b>5.00</b>

EXAMINATION EXERCISE & GRADING CRITERIA		CRITERIA PERCENTAGE WEIGHT	OVERALL POINT VALUE
3.	<p>Typodont Exercise Number 2 (5.00 Overall Points)</p> <p>Criterion: Margins and Path of Insertion; or Anatomy and Occlusion; or Contour, Contact and Occlusion; or Outline and Extension</p> <p>Criterion: Retention/Resistance Form; or Finish Lines and Surface Finish; or Internal Form</p> <p>Criterion: Treatment Management</p> <p><b>Procedure Totals</b></p>	<p>45.00%</p> <p>45.00%</p> <p>10.00%</p> <p><b>100.00%</b></p>	<p><b>5.00</b></p>
4.	<p>Typodont Exercise Number 3 (5.00 Overall Points)</p> <p>Criterion: Margins and Path of Insertion; or Anatomy and Occlusion; or Contour, Contact and Occlusion; or Outline and Extension</p> <p>Criterion: Retention/Resistance Form; or Finish Lines and Surface Finish; or Internal Form</p> <p>Criterion: Treatment Management</p> <p><b>Procedure Totals</b></p>	<p>45.00%</p> <p>45.00%</p> <p>10.00%</p> <p><b>100.00%</b></p>	<p><b>5.00</b></p>
5.	<p>Class II Amalgam Restoration (25.00 Overall Points)</p> <p>Procedure: Preparation</p> <p>Criterion: Outline &amp; Extension</p> <p>Criterion: Internal Form</p> <p>Criterion: Operative Environment &amp; Polishing</p> <p><b>Procedure Totals</b></p> <p>Procedure: Finished Carved Restoration</p> <p>Criterion: Anatomy &amp; Occlusion</p> <p>Criterion: Margins &amp; Surface Finish</p> <p>Criterion: Treatment Management &amp; Base-Liner</p> <p><b>Procedure Totals</b></p>	<p>45.00%</p> <p>45.00%</p> <p>10.00%</p> <p><b>100.00%</b></p> <p>45.00%</p> <p>45.00%</p> <p>10.00%</p> <p><b>100.00%</b></p>	<p><b>12.50</b></p> <p><b>12.50</b></p>
6.	<p>Class III Composite Restoration (25.00 Overall Points)</p> <p>Procedure: Preparation</p> <p>Criterion: Outline &amp; Extension</p> <p>Criterion: Internal Form</p> <p>Criterion: Operative Environment &amp; Polishing</p> <p><b>Procedure Totals</b></p> <p>Procedure: Finished Restoration</p> <p>Criterion: Contour, Contact &amp; Occlusion</p> <p>Criterion: Margins &amp; Surface Finish</p> <p>Criterion: Treatment Management &amp; Base-Liner</p> <p><b>Procedure Totals</b></p>	<p>45.00%</p> <p>45.00%</p> <p>10.00%</p> <p><b>100.00%</b></p> <p>45.00%</p> <p>45.00%</p> <p>10.00%</p> <p><b>100.00%</b></p>	<p><b>12.50</b></p> <p><b>12.50</b></p>



EXAMINATION EXERCISE & GRADING CRITERIA		CRITERIA PERCENTAGE WEIGHT	OVERALL POINT VALUE
7.	Removable Prosthetics (10.00 Overall Points)		
	Procedure: Final Impressions		
	Criterion: Surface Detail & Accuracy	33.34%	
	Criterion: Extensions	33.33%	
	Criterion: Retention	33.33%	
	<b>Procedure Totals</b>	<b>100.00%</b>	<b>3.34</b>
	Procedure: Centric Jaw Relation & Vertical Dimension		
	Criterion: Recording Centric Jaw Relation	50.00%	
	Criterion: Freeway Space	50.00%	
	<b>Procedure Totals</b>	<b>100.00%</b>	<b>6.66</b>
8.	Periodontics (15.00 Overall Points)		
	Procedure: Diagnosis & Treatment Planning		
	Criterion: Periodontal Pocket Depths	25.00%	
	Criterion: Calculus Detection	25.00%	
	Criterion: Radiographic Interpretation	25.00%	
	Criterion: Full-Mouth Diagnosis/Treatment Plan	25.00%	
	<b>Procedure Totals</b>	<b>100.00%</b>	<b>7.50</b>
	Procedure: Treatment		
	Criterion: Calculus Removal	60.00%	
	Criterion: Stain, Plaque Removal, & Polishing	30.00%	
	Criterion: Patient Management	10.00%	
	<b>Procedure Totals</b>	<b>100.00%</b>	<b>7.50</b>
<b>TOTAL EXAMINATION POINTS</b>			<b>100.00</b>

Three (3) grading examiners will evaluate the candidate's performance on each procedure, and each will assign a value between zero (0) and five (5). A score of three (3), or seventy-five (75), is the minimal acceptable score for passing. An average of the three (3) scores will be obtained and will be correlated in relation to a perfect score of five (5). This percentage will be utilized to determine the number of points the candidate earns for the exercise. If a candidate does not complete all sections of an exercise, the candidate will receive a mandatory score of zero (0) for that portion of the exercise that he/she does not complete. **CANDIDATES WILL BE REQUIRED TO ATTAIN A MINIMUM SCORE OF THREE (3), OR SEVENTY-FIVE (75), ON ALL PROCEDURES TO BE CONSIDERED AS SUCCESSFULLY COMPLETING THE LICENSURE EXAMINATION AND PRIOR TO BEING ISSUED A MISSISSIPPI LICENSE.** In other words, even if a candidate's overall score is three (3), or seventy-five (75), the candidate will not be considered as passing the Mississippi licensure examination until he/she has attained a score of three (3), or seventy-five (75), on each of the eight (8) tested procedures. If a candidate fails to attain a minimum score of three (3), or seventy-five (75), on any one or more of the procedures, that candidate must successfully complete all **FAILED** procedures during the re-take examination. (See page 89 for further information regarding re-take examination requirements.)

2. **Grade Sheets and Candidate Packets**

Candidates will be given four (4) colored packets for the following: (a) Registration; (b) Laboratory Exercises; (c) Clinical Exercises; and (d) Periodontics Exercise. Grade sheets and other items for each of the procedures on the examination will be in these candidate packets. It is critical that the candidate not lose any of the grade sheets or other items provided in these candidate packets, as maintaining custody of these items is the candidate's responsibility.

3. **Infection Control**

The Mississippi State Board of Dental Examiners mandates that candidates follow the current recommended infection control procedures as published by the Centers for Disease Control and Prevention. It is required, for example, that all patient care activities be performed with gloves, masks, protective eyewear, and scrub gowns. It is suggested that protective eyewear also be used for patients.

4. **Candidate Instruments**

Candidates may wish to furnish their own instruments, handpieces, and local anesthetic syringe. Instruments, equipment, and supplies available from the University of Mississippi Medical Center School of Dentistry are listed in the instructional material on pages 129 and 130. Each candidate must provide his/her own ultrasonic or sonic scaler and tips. Candidates are strongly advised to visit the University of Mississippi Medical Center School of Dentistry at their earliest convenience in order to familiarize themselves with the facilities and operatory equipment.

5. **Patient Availability and Starting Checks**

Patients should arrive at the University of Mississippi Medical Center School of Dentistry on Days 2, 3, and 4 at 7:45 a.m., and they should be prepared to stay until completion of the examination for that day or until dismissed by the candidate. Any patient arriving prior to 7:45 a.m. must wait in the first floor lounge. Candidates and patients will not be permitted in the clinics prior to 8:00 a.m. Refer to the examination schedule located at the front of the examination manual.

Assigned operatory numbers correlate to assigned candidate numbers. Patients should enter with the candidates at the designated time for operatory setup for each clinic, and the patients should be seated and ready for a starting check at the candidate's assigned operatory by the designated time for starting checks for that clinic. No additional time will be granted to a candidate for a patient who arrives late or for the candidate having to obtain a backup patient.

Two starting checks may be given on the same patient for the Class II Amalgam and Class 3 Composite procedures. However, it is the candidate's responsibility to abide by the time requirements presented in the instructions. If a candidate is using the same patient for both the Class II Amalgam and Class III Composite pro-

cedures, **BOTH PROCEDURES** may be presented at the same time to the grading clinic for grading.

On day 4, incremental starting checks will be given. Clinic B will be given starting checks at 8:30 a.m.; Clinic C will be given starting checks at 9:00 a.m.; and Clinic D will be given starting checks at 9:30 a.m. However, candidates should advise their patients to arrive at the University of Mississippi Medical Center School of Dentistry no later than 7:45 a.m. and be prepared to stay, at a minimum, until 2:00 p.m. or until dismissed by the candidate after grading. No additional time will be granted to a candidate for a patient who arrives late or for the candidate having to obtain a backup patient. For example, if the candidate is in Clinic B, and his/her patient does not arrive until 9:00 a.m. or he/she has to obtain a backup patient, the candidate still must complete the assigned procedures within the four (4) hour time period previously established for that clinic, or by no later than 1:00 p.m. that day.

Each candidate must be prepared to discuss a diagnosis and treatment plan for any of his/her patients with the clinical floor examiner.

6. **Patient Number**

A separate patient number is required for each day of the clinical and periodontics procedures. A randomly selected patient number for that day will be in the packet given to the candidate at the beginning of each day, and the candidate will ensure that this number has been recorded on the appropriate forms and grade sheets by Board staff. This patient number must be worn by the patient while being treated or graded. At the completion of a that day's procedures, place the patient number badge in the folder for that day and return all appropriate materials to the clinical floor examiner or Board staff. A candidate who fails to return the patient badges, candidate badge, assistant badge, or any other requested items mentioned in this manual, will be assessed a Ten and No/100 Dollar (\$10.00) penalty for each item not returned to the Board. Further, the candidate's Mississippi license will be held until full restitution is made with the Board.

7. **Numbering Teeth**

All teeth will be numbered 1 through 32 starting with the upper right third molar and ending with the lower right third molar.

8. **Polishing Teeth**

Do not polish adjacent teeth or old adjacent restorations without written consent of the clinical floor examiner. If the patient has a rough surface on an existing restoration and/or a rough surface on a tooth adjacent to the tooth the candidate is planning to prepare, the candidate must obtain permission from the clinical floor examiner to polish the proximal surface of the adjacent tooth. The clinical floor examiner then must document and note his/her consent on the grade sheet by placing the appropriate examiner number. If the candidate scratches or cuts an adjacent tooth while cutting the preparation, do not polish or smooth the tooth before grading.

**FAILURE TO OBTAIN APPROVAL FROM THE CLINICAL FLOOR EXAMINER PRIOR TO POLISHING AN ADJACENT TOOTH WILL REDUCE THE CANDIDATE'S TREATMENT MANAGEMENT GRADE FOR THIS PORTION OF THE PROCEDURE TO A MAXIMUM OF THREE (3) ON THE FIVE (5) POINT SCALE.**

9. **Irregularities**

It is the candidate's responsibility to bring possible irregularities to the attention of the clinical floor examiner. If a candidate feels that an error has been made in any aspect of the examination, immediately confer with the assigned clinical floor examiner. The clinical floor examiner will notify a second clinical floor examiner to witness and document the circumstances. Candidates will sign the report of irregularity with their candidate number, not signature.

10. **Radiographs**

The following radiographs are required:

- a. Endodontics (four-film mount)
  - (1) Pre-operative: Bucco-lingual and mesio-distal views
  - (2) Post-operative: Bucco-lingual and mesio-distal views
- b. Class II Amalgam Restoration (four-film mount)
  - (1) Pre-operative: Periapical and one (1) bitewing (**DOUBLE-FILM**)
  - (2) Post-operative: One (1) bitewing (**DOUBLE-FILM**)
- c. Class III Composite Restoration (two-film mount)
  - (1) Pre-operative: Periapical (**DOUBLE-FILM**)
  - (2) Post-operative: Periapical (**DOUBLE-FILM**)
- d. Periodontics (post-operative bitewings/periapical on two-film mount)
  - (1) Pre-operative: Full-mouth series including bitewing radiographs
  - (2) Post-operative: Two (2) bitewings (**DOUBLE-FILM**)  
Two (2) periapicals (**DOUBLE-FILM--ONLY IF ASSIGNED ANY ANTERIOR TEETH**)

With the exception of the full mouth series for the periodontics procedure and unless as otherwise specified above, all radiographs are to be mounted in four-hole radiographic mounts. Radiographic mounts will be available on the candidate's clinic floor. Panoramic radiographs are **NOT** acceptable; radiographs for the examination must be of diagnostic quality and depict the current condition of the patient's mouth; and pre-operative radiographs shall have been prepared no more than sixty (60) days prior to the examination. In other words, the patient's condition as indicated on any pre-operative radiographs must be identical to the patient's condition

when he/she presents for a starting check during the examination; otherwise, the patient will be rejected. Only the patient number and either “pre-op” or “post-op” should be written on the radiographic mounts. No patient names, candidate names, or candidate numbers should be written on radiographic mounts. One set of all double-film radiographs and the pre-operative periodontics radiographs are to be placed in the patient record at the completion of each procedure or at the completion of the examination; the remaining set of all double-film radiographs and the endodontics radiographs will be retained by the Board. Furthermore, each candidate will be limited to a maximum of two (2) post-operative radiographic film packets for the Class II Amalgam and Class III Composite procedures, and each candidate will be limited to a maximum of four (4) post-operative radiographic film packets for the Periodontics procedure. **HOWEVER, IF THE CANDIDATE WAS ASSIGNED ANY ANTERIOR TEETH FOR THE PERIODONTICS PROCEDURE, THE CANDIDATE WILL RECEIVE, UPON PRESENTING PROOF OF THE ANTERIOR TEETH ASSIGNMENT, TWO (2) ADDITIONAL RADIOGRAPHIC FILM PACKETS.** Also, for the Endodontics procedure, the candidate will receive sufficient radiographic film packets for determining working length during the procedure.

11. **Pre-Operative Casts**

All pre-operative casts for the Class II Amalgam, Class III Composite, and Removable Prosthetics clinical procedures must be taken with the patient to the grading clinic. Inasmuch as the patient is sent to the grading clinic for both the preparation and restoration phases of the Class II Amalgam and Class III Composite procedures, the pre-operative casts must be sent to the grading clinic each time the patient is presented for a grade. Pre-operative casts must be made by the candidate in dental laboratory stone and may be made prior to the examination.

12. **Summary of Items to Be Submitted to the Grading Area**

a. **Endodontics Procedure**

- (1) Properly labeled plastic bag containing the following:
  - i) Endodontically treated tooth block
  - ii) Properly labeled/mounted pre-operative and post-operative radiographs
  - iii) Endodontic Exercise Grade Sheet

b. **Typodont Procedure**

- (1) Typodont with protective wrapping placed between the upper and lower models and affixed together with a rubber band
- (2) Prior Model Damage Form (if originally included in the typodont box)
- (3) Typodont Exercise Grade Sheet
- (4) White candidate packet containing the Model Acceptability Form

c. **Class II Amalgam Preparation**

- (1) Properly labeled/mounted pre-operative radiographs
- (2) Class II Amalgam Preparation Grade Sheet
- (3) Pre-operative cast
- (4) Properly labeled plastic bag containing the following instruments:
  - i) Mouth mirror
  - ii) Explorer
  - iii) Articulating paper and holder

d. **Class II Amalgam Finished Carved Restoration**

- (1) Properly labeled/mounted pre-operative and post-operative radiographs
- (2) Class II Amalgam Restoration Grade Sheet
- (3) Properly labeled plastic bag containing the pre-operative cast
- (4) Properly labeled plastic bag containing the following instruments:
  - i) Mouth mirror
  - ii) Explorer
  - iii) Articulating paper and holder

e. **Class III Composite Preparation**

- (1) Properly labeled/mounted pre-operative radiograph
- (2) Class III Composite Preparation Grade Sheet
- (3) Pre-operative cast
- (4) Properly labeled plastic bag containing the following instruments:
  - i) Mouth mirror
  - ii) Explorer
  - iii) Articulating paper and holder

f. **Class III Composite Finished Restoration**

- (1) Properly labeled/mounted pre-operative and post-operative radiographs
- (2) Class III Composite Restoration Grade Sheet
- (3) Properly labeled plastic bag containing the pre-operative cast
- (4) Properly labeled plastic bag containing the following instruments:
  - i) Mouth mirror
  - ii) Explorer
  - iii) Articulating paper and holder

g. **Removable Prosthetics Procedure**

- (1) Removable Prosthetics Grade Sheet
- (2) Properly labeled plastic bag containing the following:

- i) Pre-operative casts
  - ii) Final impressions
  - iii) Base plates with bite rims
- (3) Properly labeled plastic bag containing the following instruments:
  - i) Mouth mirror
  - ii) Explorer

**h. Periodontal Diagnostic Exercise**

- (1) Properly labeled/mounted pre-operative radiographs
- (2) Periodontal Diagnostic Exercise Grade Sheet
- (3) Candidate-issued red periodontal binder with red and blue pencils
- (4) Properly labeled plastic bag containing the following instruments:
  - i) Front surface mirror
  - ii) #5 explorer
  - iii) ODU 11/12 explorer
  - iv) Moffitt probe
  - v) Color-coded periodontal probe

**i. Periodontal Treatment Exercise**

- (1) Properly labeled/mounted pre-operative and post-operative radiographs
- (2) Periodontal Treatment Exercise Grade Sheet
- (3) Properly labeled plastic bag containing the following instruments:
  - i) Front surface mirror
  - ii) #5 explorer
  - iii) ODU 11/12 explorer
  - iv) Moffitt probe
  - v) Color-coded periodontal probe

**13. Time Constraints**

The beginning and ending times for each day's exercises will be determined by the time indicated on the wall clock in each clinic of the University of Mississippi Medical Center School of Dentistry. No additional time will be granted to a candidate due to the untimely arrival of his/her patients or due to the candidate having to obtain backup patients. Board personnel will make periodic announcements regarding the amount of time remaining in each examination exercise.

**14. Clean-Up**

Each candidate is responsible for his/her clean-up of the assigned operatory and supplies or instruments issued by the University of Mississippi Medical Center School of Dentistry.

15. **Follow-Up Care for Patients**

For the Class II Amalgam, Class III Composite, and Periodontics procedures, the candidate packets will receive a Dental Candidate Patient Follow-Up Care Form (buff paper). The top portion of this form will be completed by the candidate and patient during operatory setup and/or prior to receiving a starting check for the above-referenced procedures. The bottom portion of the form is completed only if either the grading examiners or the clinical floor examiner feel that follow-up care for the patient is needed. The clinical floor examiner will discuss the required follow-up care with the candidate and witness the candidate discussing the proposed follow-up care with the patient. The candidate will write instructions concerning this follow-up care in the space provided on the bottom portion of the Dental Candidate Patient Follow-Up Care Form, note his/her candidate number, and date the form. Afterwards, the candidate will tear off the bottom portion of this form and give it to the patient. The top portion of the form will become a part of the patient's file maintained by the University of Mississippi Medical Center School of Dentistry.

16. **Completion of All Clinical Procedures**

The following must be returned and completed when all clinical procedures are finished:

- a. Completion of the Board examination survey form is required and must be placed in the candidate's blue registration packet, along with the completed answer sheet for the examination survey, candidate badge, and dental assistant badge on the last day of the examination after completion of the periodontics procedure. The blue registration packet containing all of the above-noted items will be delivered to the clinical floor examiner.
- b. Candidates will be assessed a minimum of Ten and No/100 Dollars (\$10.00) for each item which is not returned to the Board by the conclusion of the examination (e.g., patient badges, candidate badges, assistant badges, daily packets, pencils, pens, etc.). Furthermore, the candidate's Mississippi license will be held until full restitution is made with the Board.
- c. Equipment and instruments issued by the University of Mississippi Medical Center School of Dentistry to Board candidates **MUST BE RETURNED BEFORE THE CANDIDATE LEAVES THE FACILITY AT THE END OF TESTING ON FRIDAY**. Return of equipment and instruments to the University of Mississippi Medical Center School of Dentistry is deemed by the Board to be a part of the testing procedure, and a candidate's file is considered **INCOMPLETE** until all equipment and instruments are returned and any losses and reimbursements satisfied. Candidates whose accounts have not been cleared with the University of Mississippi Medical Center School of Dentistry will be deemed to have committed a standards of conduct violation and will not receive a license.



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## CONCLUSION

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### 1. Examination Results

The candidate will be notified by mail of the examination results within five (5) working days from the conclusion of both the dental and dental hygiene examinations. Results will not be released by telephone. **DO NOT CALL MEMBERS OF THE BOARD OR THE BOARD OFFICE FOR EXAMINATION RESULTS.** The candidate will be mailed his/her license by United States Postal Service certified mail, return receipt, within two (2) weeks from the conclusion of both examinations. The candidate must receive his/her license before the candidate begins practicing dentistry in the State of Mississippi. The candidate may not apply for prescribing privileges with the Drug Enforcement Administration (DEA) until the candidate receives a Mississippi license and establishes a permanent office address. Please do not call the Board office concerning application requirements for a DEA registration number.

### 2. Re-Take Examination Procedures

A re-take examination will be administered to those candidates who fail to successfully complete **ALL PROCEDURES** and attain a passing score of seventy-five (75) on the initial overall examination. However, candidates who fail more than three (3) procedures, regardless of the overall score on the initial examination, will be unable to participate in the re-take examination. In other words, if a candidate fails three (3) or fewer procedures and attains a passing score of seventy-five (75) or above on the initial examination, he/she will be able to participate in the re-take examination. Further, if a candidate fails three (3) or fewer procedures and fails to attain a passing score of seventy-five (75) on the overall initial examination, he/she will be able to participate in the re-take examination.

The re-take examination will be administered at the University of Mississippi Medical Center School of Dentistry within ninety (90) days of the initial examination. Qualifying candidates will be notified of the exact date once final arrangements have been made. Candidates who wish to participate in the re-take examination must inform the Board in writing of their decision within forty-five (45) days from the date of their notice of failure. Re-take examination candidates must submit the following additional documentation and fees:

- a. Completed application
- b. Board application fee in the same amount as that submitted for the initial examination and clinic fee to be determined by the University of Mississippi Medical Center School of Dentistry prior to the re-take examination

- c. Proof of certification in Cardiopulmonary Resuscitation (only for patient-based procedures)
- d. Proof of liability insurance coverage (only for patient-based procedures)
- e. Acknowledgment of understanding form
- f. Testimonials of moral character (only in cases where character references are unable to sign the application)
- g. Self-Query from the NPDB and HIPDB, if applicable

To successfully complete the re-take examination, candidates must make a minimum score of seventy-five (75) on all procedures. In other words, the candidate must pass each procedure of the re-take examination before he/she will be issued a Mississippi license. Qualifying failing candidates may appeal their initial examination results and also apply for the re-take examination. However, candidates who fail the re-take examination may not appeal the results of the re-take examination. Those candidates who fail the re-take examination may apply for the next regularly scheduled Board examination.

### 3. **Procedures and Policies Regarding Appeals**

Candidates who fail to successfully complete **ALL** procedures and/or attain a passing score of seventy-five (75) on the initial examination will be allowed to appeal their examination results in accordance with Board Regulation 27, which is included with this manual. Failing candidates must file a written appeal within forty-five (45) days from the date of the notice of failure. However, the Board's decision regarding the candidate's appeal will be final. As stated previously, failing candidates who qualify for the re-take examination may apply for the re-take examination and also file an appeal. The appeals process is the only avenue for those failing candidates who do not qualify to participate in the re-take examination. Furthermore, the following policies apply to filing any appeal with the Board:

- a. Appeals are reviewed on the basis of facts surrounding the decision during the examination. Any other information such as past experience, school performance, character references, testimonials, radiographs, photographs, or models taken by the candidate of a patient after completion of the examination cannot be considered in the appeals process. Consideration can be given only to documents, radiographs, etc., submitted to the grading examiners during the examination.
- b. Group, second-party, or verbal appeals will not be honored.
- c. The Board is not responsible for any expenses incurred by candidates filing an appeal.

- d. Appeals based upon patient behavior, tardiness, or failure to appear will not be considered. Problems requiring follow-up care are the responsibility of the candidate and are approved by the patient and candidate prior to the examination.
- e. The appeals process includes a review of all documentation of examination results and candidate performance during the examination. The review also may include such additional investigation as determined, or deemed warranted, by the circumstances of the appeal. It will not include records obtained by the candidate after he/she is dismissed at the conclusion of the examination.
- f. It is neither consistent nor reasonable to suppose that grading examiners can accurately and objectively better judge matters after an examination has concluded than the examiners did during the examination. The grades of the grading examiners cannot be reversed by any member of the Board unless it is determined to be a technical error, not a perceived judgment error. The Board is obligated to base its judgment of technical errors upon its knowledge of the examination, the validation and calibration process used by the Board, and systematic, consistent, reliable, and rational evidence presented by the candidate in his/her appeal.
- g. The Board will make every effort to complete the appeals review within a reasonable period of time following receipt of the candidate's appeal.
- h. The candidate's appeal will become a part of the candidate's file maintained in the Board's office. As noted previously, the decision of the Board regarding the appeal will be final.

#### 4. **License Renewal/Registration**

License renewal/registration notices will be mailed the last week of August. The candidate will be required to complete the registration sheet and pay the renewal fee for the upcoming renewal period. Unless the Board is notified of a change of address, the renewal/registration notice will be mailed to the same address as appears on the candidate address and license information form.

#### 5. **Documentation Checklist**

Required documentation must be submitted to the Board in the following manner:

- a. To be submitted by the candidate with his/her application packet:
  - (1) Completed application
  - (2) Application and clinic fees
  - (3) Proof of certification in Cardiopulmonary Resuscitation

- (4) Proof of liability insurance coverage
  - (5) Candidate license information form
  - (6) Acknowledgment of understanding form
  - (7) Self-query from the NPDB and HIPDB, if applicable
  - (8) Additional information as required by specific questions on the application
- b. To be mailed by outside sources directly to the Board office:
- (1) College transcript(s) (for all colleges/universities attended prior to attending dental school); **FOREIGN TRANSCRIPTS MUST BE IN ENGLISH AND MUST BE MAILED DIRECTLY FROM THE COLLEGE/UNIVERSITY TO THE BOARD**
  - (2) Dental school transcript(s) (complete or partial for all dental schools attended); **FOREIGN TRANSCRIPTS MUST BE IN ENGLISH AND MUST BE MAILED DIRECTLY FROM THE DENTAL SCHOOL TO THE BOARD**
  - (3) Affidavit from dental school dean (for candidates who are still in dental school at the time their application is submitted to the Board)
  - (4) National Board examination grade card
  - (5) Testimonials of moral character (only in cases where character references are unable to sign the application)
  - (6) Certifications from the secretaries of dental boards in all states where the candidate is currently or has ever been licensed

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## FREQUENTLY ASKED QUESTIONS

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- Q.** How soon will I find out if I passed or failed the dental examination?
- A.** You will be notified by mail of your examination results within five (5) working days of the conclusion of both the dental and dental hygiene examinations. Results will not be released by telephone; therefore, do not call Board members or the Board office for examination results.
- Q.** How long will it take to receive my license?
- A.** Your license will be mailed by certified mail, return receipt, within two (2) weeks after conclusion of both examinations.
- Q.** When can I begin practicing?
- A.** You may begin practicing as soon as you receive your license and not prior to that time.
- Q.** What are the steps for me to acquire a Drug Enforcement Administration (DEA) registration number?
- A.** You must request an application for registration through DEA at 504-840-1063 or write to the DEA at Suite 1800, Three Lakeway Center, 3838 North Causeway Boulevard, Metairie, LA, 70002. You may not apply for a DEA registration number until you have a Mississippi license.
- Q.** Are all candidates performing the same procedures at the same time?
- A.** No. Candidates have been divided into two (2) groups. On Day 2, Group I will perform laboratory procedures, and Group II will perform clinical procedures. On Day 3, Group II will perform laboratory procedures, and Group I will perform clinical procedures. On Day 4, all candidates will perform the Periodontics procedure, with staggered starting times for each clinic.
- Q.** If I have a personal emergency during the dental examination, how may I be contacted?
- A.** You may be contacted through the University of Mississippi Medical Center School of Dentistry central reception at 601-984-6155, and please have the caller indicate that you are taking the Board licensure examination.
- Q.** May either my patient or I use cell telephones or pagers while on the clinic floor?
- A.** No. Use of such devices is restricted to the patient waiting areas, student/faculty lounge, or hallways.
- Q.** Does the University of Mississippi Medical Center School of Dentistry provide scrub gowns for the dental examination?

**A.** Yes. Please refer to the School's instructions in this manual regarding the University of Mississippi Medical Center School of Dentistry.

**Q.** What instruments are required for the dental examination?

**A.** Refer to the information provided by the University of Mississippi Medical Center School of Dentistry in your examination manuals for a list of all instruments required and those provided by the School.

**Q.** Can two candidates use the same prosthetic patient?

**A.** Yes. However, each candidate must submit a preliminary diagnostic cast along with the final denture impression and base plate with bite rims.

**Q.** Do I complete a medical history form for each procedure, even though I have the same patient for multiple procedures?

**A.** Yes, a new medical history form is required for each procedure.

**Q.** Can I receive two (2) starting checks at one time?

**A.** Yes. This may be done only for the Class II Amalgam and Class III Composite procedures, if you plan on using the same patient for both procedures.

**Q.** If I received two (2) starting checks at one time on the same patient, can both procedures be graded on that patient at the same time?

**A.** Yes. Again, this may be done only for the Class II Amalgam and Class III Composite procedures, and you must submit all appropriate grade sheets, forms, and instruments to the grading area for both procedures.

**Q.** I am an out-of-state candidate and will be unable to screen my patients; therefore, is there someone at the University of Mississippi Medical Center School of Dentistry who can do this for me, since I may not arrive until the day before the dental examination begins?

**A.** No. You are responsible for obtaining patients and ensuring your patients are properly screened. Please refer to the instructions in this manual regarding the University of Mississippi Medical Center School of Dentistry.

**Q.** I am an out-of-state candidate and do not know anyone; therefore, is there someone who can assist me with my patients?

**A.** As stated previously, you are responsible for securing your patients.

**Q.** What is the deadline for screening patients at the University of Mississippi Medical Center School of Dentistry?

**A.** The deadline for screening patients at the University of Mississippi Medical Center School of Dentistry is Thursday, June 3, 2004. Please refer to the School's instructions in this manual for additional information.

- Q.** What is the best way to find patients for the dental examination?
- A.** Candidates are responsible for finding and selecting their own patients for the examination. Make sure that the patients meet the qualifications for the procedure, and if a patient is rejected, the candidate must obtain another patient immediately. It is best to have a backup patient available.
- Q.** I am an out-of-state candidate, have my patients, and was unable to use the University of Mississippi Medical Center School of Dentistry when I was in Jackson; therefore, is there anyone who can handle my pre-operative radiographs?
- A.** No. You must make your own arrangements for pre-operative radiographs. Please refer to the instructions in this manual regarding the University of Mississippi Medical Center School of Dentistry.
- Q.** May I take as many post-operative radiographs as I feel necessary?
- A.** No. Each candidate will be limited to a maximum number of post-operative radiographic packets for the Class II Amalgam, Class III Composite, and Periodontics procedures. Please review these sections of this manual to determine the maximum number of post-operative radiographic packets that you will receive. Sufficient post-operative radiographic film packets will be available during the Endodontics procedure to enable the candidate to finish the obturation portion of the procedure.
- Q.** If I am left-handed, what do I need to do?
- A.** Indicate such on your examination application so that a left-handed operatory can be reserved for you.
- Q.** What kind of tooth do I need for the Endodontics procedure?
- A.** Please refer to "Tooth Selection" in the "Endodontics Exercise" portion of this manual for information regarding the kind of tooth to be used for this procedure. Furthermore, it is to a candidate's advantage to select as fresh a tooth as possible due to storage solutions which may cause deterioration of the tooth over time.
- Q.** Where do I put the assigned block number on my pink acrylic endodontic block?
- A.** You must cut your endodontic block number on the facial aspect of the block prior to receiving a starting check.
- Q.** How is my grade for obturation affected by any remaining voids in my endodontic tooth?
- A.** Voids affect your grade only if they are located in the apical 1/3 of the root.
- Q.** May I remove the typodont from the mannequin during the typodont exercise?
- A.** No. You are allowed to remove the typodont from the mannequin only when you are ready to take it to the grading area; otherwise, you must ensure that you first have obtained the permission of the clini-

- cal floor examiner. Failure to abide by this policy will result in failure of **ALL** typodont procedures.
- Q.** What happens if I have a typodont tooth that fractures or breaks?
- A.** Immediately contact the clinical floor examiner to review your typodont in the mannequin and issue you a replacement tooth.
- Q.** In the manual, there are eight (8) typodont procedures. Am I required to perform all eight (8) procedures on this examination?
- A.** No. You will be required to perform only three (3) of the eight (8) potential typodont procedures, and these three (3) procedures will be assigned to you when you begin your laboratory exercises. Since candidates are divided into different groups, candidates in the same group will perform the same typodont procedures; however, candidates assigned to different groups may be required to perform different typodont procedures.
- Q.** What happens if I damage the adjacent tooth during the Class II Amalgam or Class III Composite patient-based procedures?
- A.** You must restore the adjacent tooth to the satisfaction of the clinical floor examiner prior to dismissing the patient from the examination setting.
- Q.** May I use ultrasonic or sonic scalers or Cavi-Jets® during the examination?
- A.** Ultrasonic or sonic scalers may be used; however, Cavi-Jets® or air polishing instruments must not be used during the examination.
- Q.** What type of connection does the University of Mississippi Medical Center School of Dentistry require for ultrasonic or sonic scalers?
- A.** Adec quick-disconnect. Please refer to the instructions in this manual regarding the University of Mississippi Medical Center School of Dentistry.
- Q.** If my Periodontics starting time is 9:30 a.m., what time does my patient need to be at the University of Mississippi Medical Center School of Dentistry?
- A.** All patients must be at the University of Mississippi Medical Center School of Dentistry at 7:45 a.m., and each clinic will be given four (4) hours to complete the Periodontics examination. Starting times will be staggered in thirty (30) minute increments. You should advise your patient to bring reading material for use during waiting periods and to be prepared to stay until at least 2:00 p.m. or until dismissed by you.
- Q.** If my Periodontics patient is late arriving or if I must obtain a backup patient, do I still receive four (4) hours from the time I receive a starting check to complete the procedure?
- A.** No. If your patient arrives late, or if you have to obtain a backup patient, you will be required to complete the procedure by the same



- deadline as has been established for your entire clinic.
- Q.** Does my patient need to be anesthetized prior to sending him/her to grading for the diagnostic portion of the Periodontics procedure?
- A.** Yes. This is for the patient's comfort, and you should refer to "Pain Control" in the "Periodontics" section of this manual for additional information.
- Q.** Are post-operative bitewing radiographs the only post-operative radiographs required for the Periodontics procedure?
- A.** No. If you have been assigned any anterior teeth for treatment, you will be required to take post-operative periapical radiographs, as well. This applies **ONLY** if you have been assigned any anterior teeth. To receive the periapical film packet from University of Mississippi Medical Center School of Dentistry personnel, you will be required to present your Periodontics Treatment Exercise Grade Sheet as proof of the anterior teeth assignment; otherwise, you will not be given the periapical film packet.
- Q.** For the Periodontics procedure, are the same two (2) teeth graded for both the diagnostic and treatment portions?
- A.** No. Two (2) entirely different teeth selected from the six (6) assigned teeth may be graded for each portion of the Periodontics exercise.
- Q.** How are the grades for pocket depth, calculus detection, calculus removal, and stain and plaque removal determined during the Periodontics exercise?
- A.** More than one (1) grading examiner must determine inaccurate recordings/removal or no recordings/removal on the same surface(s) of the same tooth for it to have an impact on the candidate's overall grade.
- Q.** What if I am still working on my patient either at 4:30 p.m. on Days 2 and 3 or after four (4) hours on Day 4?
- A.** Board staff will announce the completion time for the examination. Candidates, including their dental assistants, who do not have a previously documented equipment failure and who are still working on patients at that time will be required to immediately stand up, obtain their completion time from the clinical floor examiner (only on Day 4), and follow all procedures for escorting their patients to the grading area. If a candidate and/or dental assistant continues to work after time has been called, the clinical floor examiner shall retrieve the appropriate grade sheet(s), and the candidate shall fail the entire procedure.
- Q.** Where can I get additional medical history forms?
- A.** You can get additional medical history forms from the University of Mississippi Medical Center School of Dentistry prior to the examination by calling the record room at 601-984-6158. It is wise to obtain a minimum of two (2) medical history forms for each procedure.

**Q.** What happens if I lose my candidate badge, assistant badge, patient badge, daily packet, or other items furnished by the Board?

**A.** You will be assessed a penalty of Ten and No/100 Dollars (\$10.00) for each item you do not return by the conclusion of the examination. Also, your Mississippi license will be held until full restitution is made with the Board.

**Q.** When do I receive my candidate number, and do I receive a number for my dental assistant and patients?

**A.** You will receive your candidate badge and dental assistant badge during registration. Patient numbers are not given out until the day of the scheduled procedure and will be in the packets given to the candidates each morning. Patient numbers are randomly assigned.

**Q.** When do I complete the health history form, and when do I update the information?

**A.** You should complete the health history form prior to the examination. However, you should update the health history form with the patient immediately before the starting check for each procedure.

**Q.** What is the Dental Candidate Patient Follow-Up Care Form?

**A.** This form will be in your candidate packets for the clinical Class II Amalgam, Class III Composite, and Periodontics procedures. Prior to the licensure examination, you should have informed your patient that the dental work is being

performed as part of a clinical licensure examination and that additional follow-up care may be warranted. This agreement with your patient is documented on this form prior to receiving a starting check for the above patient-based procedures. Should follow-up care be mandated by either the grading examiners or the clinical floor examiner, the candidate will be notified, and the clinical floor examiner will witness the candidate's discussion of such care with his/her patient. Afterwards, the candidate will note follow-up care instructions on the bottom of the Dental Candidate Patient Follow-Up Care Form and give the bottom of the form to his/her patient.

**Q.** What does the Board consider as "identifying information" which may not be left in the clinics during the initial starting checks?

**A.** Identifying information includes, but is not limited to, purses, name-tags, monograms, manuals or books denoting your name or school, scrubs denoting the name of your dental school, radiographs with your name or the name of your school, etc.

**Q.** Some of my equipment has my dental school name on it. Can I use it?

**A.** Anything that would denote the identity of the candidate or his/her dental school may not be used without concealment of the identifying information. If an instrument box has your dental school's name or logo on it, cover it so that it is not visible to the grading or clinical floor examiners.

**Q.** What happens if I pass the overall examination but fail one or more procedures?

**A.** You must successfully complete **ALL** procedures on the examination and attain a passing score of seventy-five (75) or above to be considered as successfully completing the licensure examination. However, if you qualify, you may take and successfully complete only those procedures you failed at the re-take examination.

**Q.** What happens if I do not pass the dental examination?

**A.** You have the right to make a written request for a review of your results within forty-five (45) days from the date of the notice of your failure. Adhere to all requirements in Board Regulation 27 in making your written request.

**Q.** If I do not pass the examination, when can I take it again?

**A.** All failing candidates will be notified if they qualify to participate in the re-take examination which will be given within ninety (90) days from the conclusion of the examination.

**Q.** If I do not pass the examination, can I file an appeal and also apply for the re-take examination?

**A.** Yes. You may appeal the results of the initial examination and, upon meeting the criteria for the re-take examination, participate in the re-take examination. Should your appeal be unsuccessful, you would pay the same Board fees as you paid for the initial examination, pay

a clinic fee to be determined by the University of Mississippi Medical Center School of Dentistry, file another application, and participate in the re-take examination.

**Q.** If I appeal my initial examination results and also apply to take the re-take examination, and my appeal is successful, does the Board refund my fees for the re-take examination?

**A.** Yes. No funds are deposited until the Board makes a determination regarding the candidate's appeal. If the candidate's appeal is successful, all monies are returned to the candidate. If the candidate's appeal is unsuccessful, all fees payable to the Board are immediately deposited. However, if a candidate cannot participate in the re-take examination due to a documented illness or emergency (as outlined earlier in this manual), the candidate's Board fees will be applied to the Board's next regularly scheduled licensure examination. Fees payable to the University of Mississippi Medical Center School of Dentistry will be returned to the candidate.

**Q.** If I fail the re-take examination, can I appeal the score on this examination?

**A.** No. You must apply for the next regularly scheduled Board examination.

**Q.** How many times may I take the dental examination?

**A.** You may take the dental examination only three (3) times. If you are unsuccessful after two (2) at-

- tempts, you must complete one academic year of clinical training in an ADA-accredited dental school before being allowed to take the dental examination for a third, and final, time.
- Q.** Where can I find a dental assistant?
- A.** You can contact the University of Mississippi Medical Center School of Dentistry for information about obtaining dental assistants.
- Q.** If my unit breaks down, what should I do?
- A.** You must immediately notify the clinical floor examiner so that the faulty equipment may be repaired, or so that you may be relocated to another operatory.
- Q.** Is the jurisprudence examination the same each year?
- A.** No. Every year it is a different examination. You must make a minimum score of 75 to pass. If not, you may take a second, different jurisprudence examination during your clinical or laboratory exercises. However, you will not be granted additional time on your clinical or laboratory exercises to complete the second jurisprudence examination.
- Q.** Does it help to be a Mississippi resident to pass the dental examination?
- A.** No. Although the majority of candidates who pass the examination are from Mississippi, candidates from other dental schools have been equally as successful. To ensure fairness, the dental examination is administered on a "double-blind" basis so that the candidates and the grading examiners never have direct contact. Grading examiners do not know whose work they are grading; they have no access to any information about which candidate performed a particular procedure. In this manner, candidates are graded fairly without regard to their backgrounds.
- Q.** How do I know that all of the grading examiners are grading by the same set of standards?
- A.** All of the examiners, including the clinical floor examiners, go through a very intense calibration exercise prior to the dental examination to ensure that all examiners grade as reliably as possible.
- Q.** Who are these examiners?
- A.** The examiners are current and former members of the Mississippi State Board of Dental Examiners. Board members are appointed to six-year, nonconsecutive terms by the Governor.
- Q.** What is the pass rate for the Mississippi licensure examination?
- A.** Between 1993 and 2003, the pass rate is 94% of the approximately 435 candidates who have taken the dental examination.
- Q.** Do I need malpractice insurance?
- A.** Yes. If you wish, you may select an insurance carrier from the brochure(s) included with your examination manual for insurance

coverage during the dental examination.

**Q.** Once I am licensed in Mississippi, do I have to practice in that state to maintain my dental license?

**A.** No. However, you must maintain licensure by paying appropriate renewal fees and complying with Mississippi Board regulations concerning mandatory continuing education, Cardiopulmonary Resuscitation, etc.

**Q.** Do I have time to finish all the procedures?

**A.** Yes. With proper time management, you have ample time to complete all aspects of the examination. You should organize your day and how you will proceed **PRIOR** to the examination. Effective time management is integral to your successful completion of all procedures on the licensure examination.

**Q.** Why do I have to complete the survey?

**A.** The Board constantly strives to improve the examination process. It is through your comments that these changes are effected. We require that you answer all questions in order to complete the examination process. Your comments in no way affect the outcome of your examination results. Please answer all questions and provide comments, if you so desire.



# ENDODONTICS EXERCISE GRADING CRITERIA

CRITERIA	5	4	3	2	1	0
<b>ACCESS</b>	<p><b>A.</b> Size and placement of access opening reflects the position of the pulpal chamber in the middle third of the lingual surface.</p> <p><b>B.</b> Internal form tapers to the canal opening with no shoulders.</p>	<p><b>A.</b> Size and placement of access opening varies slightly from the middle third of the lingual surface.</p> <p><b>B.</b> Internal form is tapered to the canal opening but is slightly irregular.</p>	<p><b>A.</b> Placement of the access opening is in the middle third of the lingual surface, but opening is too small or too large.</p> <p><b>B.</b> Internal form is tapered to the canal opening but slightly irregular.</p>	<p><b>A.</b> Placement of the access opening is not in the middle third of the lingual surface and is too small or too large.</p> <p><b>B.</b> Internal form lacks proper taper to the canal orifice.</p>	<p><b>A.</b> Placement of the access opening does not provide acceptable entry into the pulpal chamber.</p> <p><b>B.</b> Internal form lacks proper taper with shoulders, ledges, or gouges present.</p>	<p><b>A.</b> Placement of the access opening does not provide acceptable entry into the pulpal chamber.</p> <p><b>B.</b> Internal form exhibits excessive shoulders; perforation exists.</p> <p><b>C.</b> External outline form grossly deviates from the shape of the pulp chamber and/or exhibits gross destruction of tooth structure.</p>
<b>OBTURATION</b>	<p><b>C.</b> Root canal is obturated with gutta percha to within 1.0mm of the anatomical apex of the tooth.</p> <p><b>D.</b> Gutta percha is well-adapted to the canal walls.</p> <p><b>E.</b> No gutta percha is in the coronal pulp chamber.</p>	<p><b>C.</b> Root canal is obturated with gutta percha to the anatomical apex of the tooth or obturated more than 1.0mm from the anatomical apex of the tooth.</p> <p><b>D.</b> Gutta percha is well-adapted to the canal walls.</p> <p><b>E.</b> No gutta percha is in the coronal pulp chamber.</p>	<p><b>C.</b> Root canal is obturated with gutta percha greater than 2.0mm from the anatomical apex of the tooth.</p> <p><b>D.</b> Gutta percha is moderately adapted to the canal walls with apical 1/3 well-adapted.</p> <p><b>E.</b> Slight amount of gutta percha in the coronal pulp chamber.</p>	<p><b>C.</b> Root canal is obturated with gutta percha greater than 3.0mm from the anatomical apex of the tooth or is overfilled more than 0.5mm beyond the anatomical apex opening.</p> <p><b>D.</b> Minor voids are present in the obturation of the root canal within the apical 1/3 of the root.</p> <p><b>E.</b> Moderate amount of gutta percha in the coronal pulp chamber.</p>	<p><b>C.</b> Root canal is obturated with gutta percha material greater than 4.0mm from the anatomical apex of the tooth or is overfilled more than 1.0mm beyond the anatomical apex opening.</p> <p><b>D.</b> Significant voids are present in the apical 1/3 of the root canal.</p> <p><b>E.</b> Significant portion but less than one-half of the coronal pulp chamber is filled with gutta percha.</p>	<p><b>D.</b> Gutta percha extends significantly beyond the anatomical apex of the tooth or is grossly short of the desired length.</p> <p><b>E.</b> Obturation of the root canal is grossly inadequate; voids and poor adaptation present throughout the root canal and the apical 1/3.</p> <p><b>F.</b> More than one-half of the coronal pulp chamber is filled with gutta percha.</p>





# ANTERIOR PORCELAIN FUSED TO METAL PREPARATION GRADING CRITERIA

MSBDE Rev. 7/20/04

CRITERIA	5	4	3	2	1	0
<b>MARGINS AND PATH OF INSERTION</b>	<p><b>A.</b> Margins placed in acceptable manner, smooth and well-defined and no greater than .5mm above gingiva.</p> <p><b>B.</b> No undercuts present.</p>	<p><b>A.</b> Margins slightly shallow, deep, rough, or irregular and slightly greater than .5mm above gingiva.</p> <p><b>B.</b> No undercuts present.</p>	<p><b>A.</b> Margins moderately over or under-extended, shallow, deep, rough, or irregular and between .5mm and 1mm above gingiva.</p> <p><b>B.</b> Path of insertion is compromised by slight undercut.</p>	<p><b>A.</b> Areas of margins not discernable, or excessively shallow, deep, rough, or irregular and between 1mm and 1.5mm above gingiva.</p> <p><b>B.</b> Excessive undercuts which would cause significant problems with restoration fabrication.</p>	<p><b>A.</b> Majority of margin not discernable, i.e., critically deep, rough, or inadequate and greater than 1.5mm above gingiva.</p> <p><b>B.</b> Critically excessive undercut.</p>	<p><b>A.</b> No concept of preparation.</p> <p><b>B.</b> Pulpal exposure.</p>
<b>RETENTION AND RESISTANCE FORM</b>	<p><b>C.</b> Preparation appropriately conserves tooth structure.</p> <p><b>D.</b> Walls are smooth and clearly defined.</p> <p><b>E.</b> Preparation is designed to resist restoration displacement in all directions; preparation will retain crown.</p> <p><b>F.</b> 3°-6° axial wall taper.</p> <p><b>G.</b> Optimal incisal edge, facial, lingual, occlusal, and interproximal reduction.</p>	<p><b>C.</b> Preparation appropriately conserves tooth structure.</p> <p><b>D.</b> Walls are not all clearly defined.</p> <p><b>E.</b> Retention is adequate; preparation will retain crown.</p> <p><b>F.</b> Greater than 6° but less than 10° axial wall taper.</p> <p><b>G.</b> Near optimal incisal edge, facial, lingual, occlusal, and interproximal reduction.</p>	<p><b>C.</b> Preparation slightly compromises appropriate conservation of tooth structure.</p> <p><b>D.</b> Walls are moderately rough.</p> <p><b>E.</b> Retention is minimal.</p> <p><b>F.</b> 10° axial wall taper.</p> <p><b>G.</b> Barely adequate incisal edge, facial, lingual, occlusal, and interproximal reduction.</p>	<p><b>C.</b> Preparation moderately compromises appropriate conservation of tooth structure.</p> <p><b>D.</b> Walls are inadequate.</p> <p><b>E.</b> Inadequate preparation length and/or retentive features; retention not adequate.</p> <p><b>F.</b> Greater than 10° axial wall taper.</p> <p><b>G.</b> Inadequate incisal edge, facial, lingual, occlusal, or interproximal reduction.</p>	<p><b>C.</b> Excessive removal of tooth structure.</p> <p><b>D.</b> Walls are not defined.</p> <p><b>E.</b> Inadequate preparation length and/or retentive features; retention barely present.</p> <p><b>F.</b> Gross over-taper of axial walls.</p> <p><b>G.</b> Critical lack of incisal edge, facial, lingual, occlusal, or interproximal reduction.</p>	<p><b>C.</b> No concept of preparation.</p> <p><b>D.</b> Pulpal exposure.</p>
<b>TREATMENT MANAGEMENT</b>	<p><b>H.</b> Adjacent contact is not damaged.</p>	<p><b>H.</b> Adjacent contact is not damaged.</p>	<p><b>H.</b> Minor damage to adjacent tooth (can be preserved without damaging the contact).</p> <p><b>I.</b> Minor damage to the gingiva.</p>	<p><b>H.</b> Minor damage to adjacent tooth but can be removed by polishing (will change the shape of the contact).</p> <p><b>I.</b> Moderate damage to the gingiva.</p>	<p><b>H.</b> Adjacent tooth damaged; difficult to polish.</p> <p><b>I.</b> Excessive damage to the gingiva.</p>	<p><b>E.</b> Adjacent contact needs to be restored.</p> <p><b>F.</b> Gingiva is damaged beyond repair.</p>



# THREE UNIT PORCELAIN FUSED TO METAL BRIDGE RESTORATION GRADING CRITERIA

MSBDE Rev. 7/20/04

CRITERIA	5	4	3	2	1	0
<b>MARGINS AND PATH OF INSERTION</b>	<p><b>A.</b> Margins placed in acceptable manner, smooth and well-defined and no greater than .5mm above gingiva.</p> <p><b>B.</b> No undercuts present.</p>	<p><b>A.</b> Margins slightly shallow, deep, rough, or irregular and slightly greater than .5mm above gingiva.</p> <p><b>B.</b> No undercuts present.</p>	<p><b>A.</b> Margins moderately over or under-extended, shallow, deep, rough, or irregular and between .5mm and 1mm above gingiva.</p> <p><b>B.</b> Path of insertion is compromised by slight undercut.</p>	<p><b>A.</b> Areas of margins not discernable, or excessively shallow, deep, rough, or irregular and between 1mm and 1.5mm above gingiva.</p> <p><b>B.</b> Excessive undercuts which would cause significant problems with restoration fabrication.</p>	<p><b>A.</b> Majority of margin not discernable, i.e., critically deep, rough, or inadequate and greater than 1.5mm above gingiva.</p> <p><b>B.</b> Critically excessive undercut.</p>	<p><b>A.</b> No concept of preparation.</p> <p><b>B.</b> Pulpal exposure.</p>
<b>RETENTION AND RESISTANCE FORM</b>	<p><b>C.</b> Preparation appropriately conserves tooth structure.</p> <p><b>D.</b> Walls are smooth and clearly defined.</p> <p><b>E.</b> Preparation is designed to resist restoration displacement in all directions; preparation will retain crown.</p> <p><b>F.</b> 3°-6° axial wall taper.</p> <p><b>G.</b> Optimal facial, lingual, occlusal, and interproximal reduction.</p>	<p><b>C.</b> Preparation appropriately conserves tooth structure.</p> <p><b>D.</b> Walls are not all clearly defined.</p> <p><b>E.</b> Retention is adequate; preparation will retain crown.</p> <p><b>F.</b> Greater than 6° but less than 10° axial wall taper.</p> <p><b>G.</b> Near optimal facial, lingual, occlusal, and interproximal reduction.</p>	<p><b>C.</b> Preparation slightly compromises appropriate conservation of tooth structure.</p> <p><b>D.</b> Walls are moderately rough.</p> <p><b>E.</b> Retention is minimal.</p> <p><b>F.</b> 10° axial wall taper.</p> <p><b>G.</b> Barely adequate facial, lingual, occlusal, and interproximal reduction.</p>	<p><b>C.</b> Preparation moderately compromises appropriate conservation of tooth structure.</p> <p><b>D.</b> Walls are inadequate.</p> <p><b>E.</b> Inadequate preparation length and/or retentive features; retention not adequate.</p> <p><b>F.</b> Greater than 10° axial wall taper.</p> <p><b>G.</b> Inadequate facial, lingual, occlusal, or interproximal reduction.</p>	<p><b>C.</b> Excessive removal of tooth structure.</p> <p><b>D.</b> Walls are not defined.</p> <p><b>E.</b> Inadequate preparation length and/or retentive features; retention barely present.</p> <p><b>F.</b> Gross over-taper of axial walls.</p> <p><b>G.</b> Critical lack of facial, lingual, occlusal, or interproximal reduction.</p>	<p><b>C.</b> No concept of preparation.</p> <p><b>D.</b> Pulpal exposure.</p>
<b>TREATMENT MANAGEMENT</b>	<p><b>H.</b> Adjacent contact is not damaged.</p>	<p><b>H.</b> Adjacent contact is not damaged.</p>	<p><b>H.</b> Minor damage to adjacent tooth (can be preserved without damaging the contact).</p> <p><b>I.</b> Minor damage to the gingiva.</p>	<p><b>H.</b> Minor damage to adjacent tooth but can be removed by polishing (will change the shape of the contact).</p> <p><b>I.</b> Moderate damage to the gingiva.</p>	<p><b>H.</b> Adjacent tooth damaged; difficult to polish.</p> <p><b>I.</b> Excessive damage to the gingiva.</p>	<p><b>E.</b> Adjacent contact needs to be restored.</p> <p><b>F.</b> Gingiva is damaged beyond repair.</p>



# FINISHED CARVED MODL AMALGAM GRADING CRITERIA

MSBDE Rev. 7/20/04

CRITERIA	5	4	3	2	1	0
<b>ANATOMY AND OCCLUSION</b>	<p><b>A.</b> Restores harmonious form of existing tooth, normal anatomy, and proper marginal ridges.</p> <p><b>B.</b> Proximal contour returns proper shape and position.</p> <p><b>C.</b> Optimal contact--will allow waxed floss to pass with proper resistance.</p> <p><b>D.</b> Occlusion has been re-restored to proper centric. Optimum occlusion.</p>	<p><b>A.</b> Slight variation of normal occlusal anatomy.</p> <p><b>B.</b> Slight abnormal variation of proximal contour, shape, and position of contact area.</p> <p><b>C.</b> Near optimal contact--will allow waxed floss to pass with near proper resistance.</p> <p><b>D.</b> Occlusion has been re-restored to proper centric. Near optimal occlusion.</p>	<p><b>A.</b> Moderate variation of normal occlusal anatomy.</p> <p><b>B.</b> Moderate variation of proximal contour, shape, and position or contact area.</p> <p><b>C.</b> Barely adequate contact--will allow waxed floss to pass with near proper resistance.</p> <p><b>D.</b> Occlusion has been re-restored to proper centric.</p>	<p><b>A.</b> Improper restoration of marginal ridge.</p> <p><b>B.</b> Improper restoration of proximal contour--places contact in wrong position or shape. A gingival overhang.</p> <p><b>C.</b> Improper contact--too open or too tight.</p> <p><b>D.</b> Occlusion is barely too high or subocclusal.</p>	<p><b>A.</b> Improper restoration of marginal ridge; improper occlusal anatomy.</p> <p><b>B.</b> Improper restoration of proximal contour--places contact in wrong position or shape. A gingival overhang.</p> <p><b>C.</b> Improper contact--too open with no resistance, or cannot get floss through.</p> <p><b>D.</b> Occlusion is too high or subocclusal.</p>	<p><b>A.</b> No concept of restoring tooth.</p>
<b>FINISH LINES AND SURFACE FINISH</b>	<p><b>E.</b> On margin.</p> <p><b>F.</b> Smooth, free of voids, polished or unpolished. No pitting.</p>	<p><b>E.</b> Slight excess or deficient margin.</p> <p><b>F.</b> Slight surface irregularities.</p>	<p><b>E.</b> Moderate excess or deficient margin.</p> <p><b>F.</b> Moderate surface irregularities.</p>	<p><b>E.</b> Open margin anywhere on restoration, and/or overhang in proximal area.</p> <p><b>F.</b> Severe surface irregularities (pitting or voids).</p>	<p><b>E.</b> Deep open margin anywhere on restoration, and/or overhang in proximal area.</p> <p><b>F.</b> Critical surface irregularities (pitting or voids).</p>	<p><b>B.</b> No concept of restoring tooth.</p>
<b>TREATMENT MANAGEMENT</b>	<p><b>G.</b> Adjacent contact is not damaged.</p>	<p><b>G.</b> Adjacent contact is not damaged.</p>	<p><b>G.</b> Minor damage to adjacent tooth (can be preserved without damaging the contact).</p> <p><b>H.</b> Minor damage to the gingiva.</p>	<p><b>G.</b> Minor damage to adjacent tooth but can be removed by polishing (will change the shape of the contact).</p> <p><b>H.</b> Moderate damage to the gingiva.</p>	<p><b>G.</b> Adjacent tooth damaged; difficult to polish.</p> <p><b>H.</b> Excessive damage to the gingiva.</p>	<p><b>C.</b> Adjacent contact needs to be restored.</p> <p><b>D.</b> Gingiva is damaged beyond repair.</p>



# LABORATORY CLASS V AMALGAM PREPARATION GRADING CRITERIA

CRITERIA	5	4	3	2	1	0
<b>OUTLINE AND EXTENSION</b>	<b>A.</b> Ideally extended for convenience of preparation.  <b>B.</b> Optimal depth of axial wall.  <b>C.</b> Preparation margins terminate in sound tooth structure.  <b>D.</b> Gingival and occlusal wall optimally placed.	<b>A.</b> Outline slightly over or under extended.  <b>B.</b> Axial wall depth slightly deep or shallow.  <b>C.</b> Slight variation in placement of occlusal and/or gingival walls.	<b>A.</b> Outline moderately over or under extended.  <b>B.</b> Axial wall depth moderately over or under extended.  <b>C.</b> Moderate variation in placement of occlusal and/or gingival walls.	<b>A.</b> Outline severely over or under extended.  <b>B.</b> Axial wall depth severely over or under extended.  <b>C.</b> Severely misplaced occlusal and/or gingival walls.	<b>A.</b> Outline grossly over or under extended.  <b>B.</b> Axial wall depth grossly over or under extended.  <b>C.</b> Grossly misplaced occlusal and/or gingival walls.	<b>A.</b> No concept of preparation.
<b>INTERNAL FORM</b>	<b>E.</b> Mesial and distal walls are placed at the line angles of the tooth and divergent.  <b>F.</b> Axial wall is convex.  <b>G.</b> No undermined enamel.  <b>H.</b> Retention grooves placed in four axial point angles.	<b>D.</b> Mesial and distal walls show slight variation from line angles of tooth.  <b>E.</b> Axial wall is convex but 1mm to 1.25mm deep at the gingival wall and/or 1.25mm to 1.5mm at the occlusal wall.  <b>F.</b> Retentive grooves ideally placed but a little large.	<b>D.</b> Mesial and distal walls too conservative or overextended.  <b>E.</b> Axial wall not convex, and deeper than 1.5mm at the gingival wall and/or 2mm at the occlusal wall.  <b>F.</b> Retention grooves too deep or shallow.	<b>D.</b> Mesial and distal walls severely over or under extended.  <b>E.</b> Axial wall not convex and deeper than 1.75mm measured at the gingival wall and/or 2.25mm at the occlusal wall.  <b>F.</b> Retentive grooves too deep or none noted.	<b>D.</b> Mesial and distal walls grossly over or under extended.  <b>E.</b> Axial wall not convex and deeper than 2mm measured at the gingival wall and/or 2.5mm at the occlusal wall.  <b>F.</b> Retentive grooves near pulp.	<b>B.</b> No concept of preparation.  <b>C.</b> Pulpal exposure.
<b>TREATMENT MANAGEMENT</b>			<b>G.</b> Minor damage to the teeth and/or gingiva.	<b>G.</b> Moderate damage to the teeth and/or gingiva.	<b>G.</b> Excessive damage to the teeth and/or gingiva.	<b>D.</b> Teeth and/or gingiva are damaged beyond repair.





# LABORATORY CLASS II AMALGAM PREPARATION GRADING CRITERIA

CRITERIA	5	4	3	2	1	0
<b>OUTLINE AND EXTENSION</b>	<p><b>A.</b> Outline and extension is optimal.</p> <p><b>B.</b> Optimal extension into fissures.</p> <p><b>C.</b> Preparation margins terminate in sound tooth structure with all unsupported enamel removed.</p> <p><b>D.</b> Proximal cavosurface angles at 90°.</p>	<p><b>A.</b> Outline and extension near optimal.</p> <p><b>B.</b> Near optimal extension into fissures.</p> <p><b>C.</b> Preparation margins terminate in sound tooth structure with most unsupported enamel removed.</p> <p><b>D.</b> Proximal cavosurface angles no more than 5° over or under 90°.</p>	<p><b>A.</b> Outline and extension not optimal—the integrity of the tooth is not compromised.</p> <p><b>B.</b> Incomplete removal of fissures—the integrity of the tooth is not compromised.</p> <p><b>C.</b> Preparation margins exhibit slight irregularities with a minimum of unsupported enamel.</p> <p><b>D.</b> Proximal cavosurface angles no more than 10° over or under 90°.</p>	<p><b>A.</b> Outline and extension proximal contact is not broken or preparation extended beyond that dictated by tooth morphology, rotation, or caries.</p> <p><b>B.</b> Fissures remain—the tooth and/or restoration is possibly compromised.</p> <p><b>C.</b> Preparation margins are irregular and exhibit unsupported enamel.</p> <p><b>D.</b> Proximal cavosurface angles no more than 15° over or under 90°.</p>	<p><b>A.</b> Outline and extension compromises tooth or restoration.</p> <p><b>B.</b> Failure to remove fissures compromises tooth and/or restoration.</p> <p><b>C.</b> Preparation margins are rough and jagged and/or not discernable.</p> <p><b>D.</b> Proximal form may lead to enamel fracture. Restoration may fracture due to extreme cavosurface angles.</p>	<p><b>A.</b> No concept of preparation.</p>
<b>INTERNAL FORM</b>	<p><b>E.</b> Proximal retention is optimal.</p> <p><b>F.</b> Walls are convergent occlusally.</p> <p><b>G.</b> Pulpal floor of optimal depth (normally greater than 1.5 mm). The axial wall is neither too shallow nor too deep pulpally.</p> <p><b>H.</b> All caries removed.</p>	<p><b>E.</b> Proximal retention near optimal.</p> <p><b>F.</b> Walls are barely convergent occlusally.</p> <p><b>G.</b> Axial and/or pulpal walls too shallow or deeper than required for bulk, but near optimal.</p> <p><b>H.</b> All caries removed.</p>	<p><b>E.</b> Proximal retention not optimal, but is present.</p> <p><b>F.</b> Walls are parallel.</p> <p><b>G.</b> Axial and/or pulpal floor and gingival floor moderately more shallow or deeper than required for bulk.</p> <p><b>H.</b> All caries removed.</p>	<p><b>E.</b> Proximal retention inadequate or excessive.</p> <p><b>F.</b> Walls are divergent occlusally.</p> <p><b>G.</b> Excessively deep or shallow axial and/or pulpal walls.</p> <p><b>H.</b> Slight caries present.</p>	<p><b>E.</b> Proximal retention does not exist.</p> <p><b>F.</b> Walls are excessively divergent occlusally.</p> <p><b>G.</b> Critically shallow or deep axial and/or pulpal walls.</p> <p><b>H.</b> Gross caries present.</p>	<p><b>B.</b> No concept of preparation.</p> <p><b>C.</b> Pulpal exposure.</p>
<b>TREATMENT MANAGEMENT</b>	<p><b>I.</b> Adjacent contact is not damaged.</p>	<p><b>I.</b> Adjacent contact is not damaged.</p>	<p><b>I.</b> Minor damage to adjacent tooth (can be preserved without damaging contact).</p> <p><b>J.</b> Minor damage to the gingiva.</p>	<p><b>I.</b> Minor damage to adjacent tooth but can be removed by polishing (will change the shape of the contact).</p> <p><b>J.</b> Moderate damage to the gingiva.</p>	<p><b>I.</b> Adjacent tooth damaged; difficult to polish.</p> <p><b>J.</b> Excessive damage to the gingiva.</p>	<p><b>D.</b> Adjacent contact needs to be restored.</p> <p><b>E.</b> Gingiva is damaged beyond repair.</p>



# LABORATORY CLASS II FINISHED CARVED AMALGAM GRADING CRITERIA

CRITERIA	5	4	3	2	1	0
<b>ANATOMY AND OCCLUSION</b>	<p><b>A.</b> Restores harmonious form of existing tooth, normal anatomy, and proper marginal ridges.</p> <p><b>B.</b> Proximal contour returns proper shape and position.</p> <p><b>C.</b> Optimal contact--will allow waxed floss to pass with proper resistance.</p> <p><b>D.</b> Occlusion has been restored to proper centric. Optimum occlusion.</p>	<p><b>A.</b> Slight variation of normal occlusal anatomy.</p> <p><b>B.</b> Slight abnormal variation of proximal contour, shape, and position of contact area.</p> <p><b>C.</b> Near optimal contact--will allow waxed floss to pass with near proper resistance.</p> <p><b>D.</b> Occlusion has been restored to proper centric. Near optimal occlusion.</p>	<p><b>A.</b> Moderate variation of normal occlusal anatomy.</p> <p><b>B.</b> Moderate variation of proximal contour, shape, and position or contact area.</p> <p><b>C.</b> Barely adequate contact--will allow waxed floss to pass with near proper resistance.</p> <p><b>D.</b> Occlusion has been restored to proper centric.</p>	<p><b>A.</b> Improper restoration of marginal ridge.</p> <p><b>B.</b> Improper restoration of proximal contour--places contact in wrong position or shape. A gingival overhang.</p> <p><b>C.</b> Improper contact--too open or too tight.</p> <p><b>D.</b> Occlusion is barely too high or subocclusal.</p>	<p><b>A.</b> Improper restoration of marginal ridge; improper occlusal anatomy.</p> <p><b>B.</b> Improper restoration of proximal contour--places contact in wrong position or shape. A gingival overhang.</p> <p><b>C.</b> Improper contact--too open with no resistance, or cannot get floss through.</p> <p><b>D.</b> Occlusion is too high or subocclusal.</p>	<p><b>A.</b> No concept of restoring tooth.</p>
<b>FINISH LINES AND SURFACE FINISH</b>	<p><b>E.</b> On margin.</p> <p><b>F.</b> Smooth, free of voids, polished or unpolished. No pitting.</p>	<p><b>E.</b> Slight excess or deficient margins.</p> <p><b>F.</b> Slight surface irregularities.</p>	<p><b>E.</b> Moderate excess or deficient margins.</p> <p><b>F.</b> Moderate surface irregularities.</p>	<p><b>E.</b> Open margin anywhere on restoration, and/or overhang in proximal area.</p> <p><b>F.</b> Severe surface irregularities (pitting or voids).</p>	<p><b>E.</b> Deep open margin anywhere on restoration, and/or overhang in proximal area.</p> <p><b>F.</b> Critical surface irregularities (pitting or voids).</p>	<p><b>B.</b> No concept of restoring tooth.</p>
<b>TREATMENT MANAGEMENT</b>	<p><b>G.</b> Adjacent contact is not damaged.</p>	<p><b>G.</b> Adjacent contact is not damaged.</p>	<p><b>G.</b> Minor damage to adjacent tooth (can be preserved without damaging the contact).</p> <p><b>H.</b> Minor damage to the gingiva.</p>	<p><b>G.</b> Minor damage to adjacent tooth but can be removed by polishing (will change the shape of the contact).</p> <p><b>H.</b> Moderate damage to the gingiva.</p>	<p><b>G.</b> Adjacent tooth damaged; difficult to polish.</p> <p><b>H.</b> Excessive damage to the gingiva.</p>	<p><b>C.</b> Adjacent contact needs to be restored.</p> <p><b>D.</b> Gingiva is damaged beyond repair.</p>



# LABORATORY CLASS III COMPOSITE PREPARATION GRADING CRITERIA

CRITERIA	5	4	3	2	1	0
<b>OUTLINE AND EXTENSION</b>	<p><b>A.</b> Outline form provides optimal access for complete caries removal and material insertion.</p> <p><b>B.</b> Cavosurface margins are a smooth continuous curve with no sharp angles.</p> <p><b>C.</b> Preparation margins terminate in sound tooth structure with all unsupported enamel removed unless it compromises labial aesthetics.</p> <p><b>D.</b> Enamel cavosurface margins are ideally beveled on facial.</p>	<p><b>A.</b> Outline form provides near optimal access for complete caries removal and material insertion.</p> <p><b>B.</b> Cavosurface margins are a nearly smooth continuous curve with no sharp angles.</p> <p><b>C.</b> Preparation margins terminate in sound tooth structure with most unsupported enamel removed unless it compromises labial aesthetics.</p> <p><b>D.</b> Enamel cavosurface margins are beveled on facial.</p>	<p><b>A.</b> Outline form is extended slightly more than necessary for convenience.</p> <p><b>B.</b> Cavosurface margins exhibit a slightly smooth continuous curve with no sharp angles.</p> <p><b>C.</b> Preparation margins exhibit slight irregularities with a minimum of unsupported enamel unless preserved for aesthetic reasons.</p> <p><b>D.</b> Enamel cavosurface margins are moderately beveled on facial.</p>	<p><b>A.</b> Outline form is extended beyond that dictated by tooth morphology, rotation, or caries.</p> <p><b>B.</b> Cavosurface margin is not an entirely smooth, continuous curve.</p> <p><b>C.</b> Preparation margins are irregular and exhibit unsupported enamel.</p> <p><b>D.</b> Enamel cavosurface margins are slightly beveled on facial.</p>	<p><b>A.</b> Outline form is excessively over-extended/under-extended with unnecessary/lack of removal of tooth structure.</p> <p><b>B.</b> Cavosurface margin is not a continuous curve and has sharp angles.</p> <p><b>C.</b> Preparation margins are rough and jagged.</p> <p><b>D.</b> Enamel cavosurface margins are indistinct or over-beveled on facial.</p>	<p><b>A.</b> No concept of preparation.</p> <p><b>B.</b> Caries not removed.</p>
<b>INTERNAL FORM</b>	<p><b>E.</b> Axial wall is neither too shallow nor too deep; optimal depth for material bulk.</p> <p><b>F.</b> All caries removed.</p> <p><b>G.</b> Prepared surfaces are smooth and well-defined.</p>	<p><b>E.</b> Axial wall not too shallow or deeper than required for bulk, but near optimal.</p> <p><b>F.</b> All caries removed.</p> <p><b>G.</b> Prepared surfaces are smooth and well-defined.</p>	<p><b>E.</b> Axial wall moderately more shallow or deeper than required for material bulk.</p> <p><b>F.</b> All caries removed.</p> <p><b>G.</b> Prepared surfaces are slightly rough.</p>	<p><b>E.</b> Axial wall excessively deep or shallow.</p> <p><b>F.</b> Slight caries present.</p> <p><b>G.</b> Prepared surfaces are moderately rough.</p>	<p><b>E.</b> Axial wall significantly over/under-extended pulpally.</p> <p><b>F.</b> Gross caries present.</p> <p><b>G.</b> Prepared surfaces are significantly rough.</p>	<p><b>C.</b> No concept of preparation.</p> <p><b>D.</b> Pulpal exposure.</p>
<b>TREATMENT MANAGEMENT</b>	<p><b>H.</b> Adjacent contact is not damaged.</p>	<p><b>H.</b> Adjacent contact is not damaged.</p>	<p><b>H.</b> Minor damage to adjacent tooth (can be preserved without damaging the contact).</p> <p><b>I.</b> Minor damage to the gingiva.</p>	<p><b>H.</b> Minor damage to adjacent tooth but can be removed by polishing (will change the shape of the contact).</p> <p><b>I.</b> Moderate damage to the gingiva.</p>	<p><b>H.</b> Adjacent tooth damaged; difficult to polish.</p> <p><b>I.</b> Excessive damage to the gingiva.</p>	<p><b>E.</b> Adjacent contact needs to be restored.</p> <p><b>F.</b> Gingiva is damaged beyond repair.</p>



# LABORATORY CLASS III COMPOSITE FINISHED RESTORATION GRADING CRITERIA

CRITERIA	5	4	3	2	1	0
<b>CONTOUR, CONTACT, AND OCCLUSION</b>	<p><b>A.</b> Proximal contour returns proper shape and position. Normal contours of the tooth are restored.</p> <p><b>B.</b> Optimal contact that will allow dental floss to pass with proper resistance.</p> <p><b>C.</b> All centric and excursive contacts on the restoration, when appropriate, are consistent in size, shape, and intensity with such contacts on other teeth.</p>	<p><b>A.</b> Slight abnormal variation of proximal contour, shape, and position of contact area. Restoration reproduces the normal contours of the tooth with only slight variations.</p> <p><b>B.</b> Near optimal contact that will allow floss to pass with near proper resistance.</p> <p><b>C.</b> All centric and excursive contacts on the restoration, when appropriate, are nearly consistent in size, shape, and intensity with such contacts on other teeth.</p>	<p><b>A.</b> Moderate variation of proximal contour, shape, and position of contact area.</p> <p><b>B.</b> Barely adequate contact that will allow floss to pass with near proper resistance.</p> <p><b>C.</b> All centric and excursive contacts on the restoration, when appropriate, are slightly consistent in size, shape, and intensity with such contacts on other teeth.</p>	<p><b>A.</b> Improper restoration of proximal contour which places contact in wrong position or shape. A gingival overhang may be present.</p> <p><b>B.</b> Improper contact which is open or too tight.</p> <p><b>C.</b> Occlusion is barely too high or subocclusal.</p>	<p><b>A.</b> Improper restoration of proximal contour which places contact in wrong position or shape. A gingival overhang may be present.</p> <p><b>B.</b> Improper contact which is open with no resistance, or cannot get floss through.</p> <p><b>C.</b> Restoration is in significant supra-occlusion or sub-occlusion.</p>	<p><b>A.</b> No concept of restoring tooth.</p>
<b>FINISH LINES AND SURFACE FINISH</b>	<p><b>D.</b> On margin.</p> <p><b>E.</b> Restoration is uniformly smooth and free of pits and voids.</p> <p><b>F.</b> Shade of restoration blends harmoniously with the surrounding tooth structure.</p>	<p><b>D.</b> Slight excess or deficiency at tooth-restoration junction. No open margins.</p> <p><b>E.</b> Restoration is smooth with a minimum of small pits.</p> <p><b>F.</b> Shade of restoration blends with the surrounding tooth structure.</p>	<p><b>D.</b> Moderate excess or deficiency at tooth-restoration junction. Slight open margins.</p> <p><b>E.</b> Restoration has moderate surface irregularities.</p> <p><b>F.</b> Shade of restoration is acceptable but varies slightly from the surrounding tooth structure.</p>	<p><b>D.</b> Restoration/tooth interface is sealed, but one or more areas of significant marginal excess or deficiency are detectable.</p> <p><b>E.</b> Restoration exhibits significant irregularities, including pits and voids.</p> <p><b>F.</b> Shade of restoration varies significantly from the surrounding tooth structure.</p>	<p><b>D.</b> Severe marginal excess or deficiency, roughness, voids, and/or open margins present.</p> <p><b>E.</b> Restoration surface is rough, pitted, and/or porous.</p> <p><b>F.</b> Unacceptable error in shade when compared to the surrounding tooth structure.</p>	<p><b>B.</b> No concept of restoring tooth.</p>
<b>TREATMENT MANAGEMENT</b>	<p><b>G.</b> Adjacent contact is not damaged.</p>	<p><b>G.</b> Adjacent contact is not damaged.</p>	<p><b>G.</b> Minor damage to adjacent tooth (can be preserved without damaging the contact).</p> <p><b>H.</b> Minor damage to the gingiva.</p>	<p><b>G.</b> Minor damage to adjacent tooth but can be removed by polishing (will change the shape of the contact).</p> <p><b>H.</b> Moderate damage to the gingiva.</p>	<p><b>G.</b> Adjacent tooth damaged; difficult to polish.</p> <p><b>H.</b> Excessive damage to the gingiva.</p>	<p><b>C.</b> Adjacent contact needs to be restored.</p> <p><b>D.</b> Gingiva is damaged beyond repair.</p>





# CLINICAL CLASS II AMALGAM PREPARATION GRADING CRITERIA

CRITERIA	5	4	3	2	1	0
<b>OUTLINE AND EXTENSION</b>	<p><b>A.</b> Outline and extension is optimal.</p> <p><b>B.</b> Optimal removal of decalcification and optimal extension into fissures.</p> <p><b>C.</b> Preparation margins terminate in sound tooth structure with all unsupported enamel removed.</p> <p><b>D.</b> Proximal cavosurface angles at 90°.</p>	<p><b>A.</b> Outline and extension near optimal.</p> <p><b>B.</b> Optimal removal of decalcification and near optimal extension into fissures.</p> <p><b>C.</b> Preparation margins terminate in sound tooth structure with most unsupported enamel removed.</p> <p><b>D.</b> Proximal cavosurface angles no more than 5° over or under 90°.</p>	<p><b>A.</b> Outline and extension not optimal--the integrity of the tooth is not compromised.</p> <p><b>B.</b> Optimal removal of decalcification but not optimal removal of fissures--the integrity of the tooth is not compromised.</p> <p><b>C.</b> Preparation margins exhibit slight irregularities with a minimum of unsupported enamel.</p> <p><b>D.</b> Proximal cavosurface angles no more than 10° over or under 90°.</p>	<p><b>A.</b> Outline and extension proximal contact is not broken or preparation extended beyond that dictated by tooth morphology, rotation, decalcification, or caries.</p> <p><b>B.</b> Decalcification and/or fissures remain--the tooth and/or restoration is possibly compromised.</p> <p><b>C.</b> Preparation margins are irregular and exhibit unsupported enamel or decalcification.</p> <p><b>D.</b> Proximal cavosurface angles no more than 15° over or under 90°.</p>	<p><b>A.</b> Outline and extension compromises tooth or restoration.</p> <p><b>B.</b> Failure to remove fissures, or decalcification compromises tooth and/or restoration.</p> <p><b>C.</b> Preparation margins are rough and jagged.</p> <p><b>D.</b> Proximal form may lead to enamel fracture. Restoration may fracture due to extreme cavosurface angles.</p>	<p><b>A.</b> Outline and extension grossly extreme.</p> <p><b>B.</b> Decalcification or lack of extension into fissures seriously compromises tooth.</p> <p><b>C.</b> Preparation margins are not discernable.</p> <p><b>D.</b> Gross cavosurface angles.</p>
<b>INTERNAL FORM</b>	<p><b>E.</b> Proximal retention is optimal.</p> <p><b>F.</b> Walls are convergent occlusally.</p> <p><b>G.</b> Pulpal floor of optimal depth (normally greater than 1.5 mm). The axial wall is neither too shallow nor too deep pulpally.</p> <p><b>H.</b> All caries removed.</p>	<p><b>E.</b> Proximal retention near optimal.</p> <p><b>F.</b> Walls are barely convergent occlusally.</p> <p><b>G.</b> Axial and/or pulpal walls too shallow or deeper than required for bulk, but near optimal.</p> <p><b>H.</b> All caries removed.</p>	<p><b>E.</b> Proximal retention not optimal, but is present.</p> <p><b>F.</b> Walls are parallel.</p> <p><b>G.</b> Axial and/or pulpal floor and gingival floor moderately more shallow or deeper than required for bulk.</p> <p><b>H.</b> Decalcification present.</p>	<p><b>E.</b> Proximal retention inadequate or excessive.</p> <p><b>F.</b> Walls are divergent occlusally.</p> <p><b>G.</b> Excessively deep or shallow axial and/or pulpal walls.</p> <p><b>H.</b> Questionable residual caries.</p>	<p><b>E.</b> Proximal retention near non-existent.</p> <p><b>F.</b> Walls are excessively divergent occlusally.</p> <p><b>G.</b> Critically shallow or deep axial and/or pulpal walls.</p> <p><b>H.</b> Caries present.</p>	<p><b>E.</b> Proximal retention does not exist.</p> <p><b>F.</b> Gross divergence or undermining of cavity walls.</p> <p><b>G.</b> Grossly shallow or deep axial and/or pulpal walls, pulpal exposure.</p> <p><b>H.</b> Gross caries present.</p>
<b>OPERATIVE ENVIRONMENT AND TOOTH POLISHING</b>	<p><b>I.</b> Rubber dam isolation is optimal. Field is dry.</p> <p><b>J.</b> The preparation is completely free of debris.</p> <p><b>K.</b> Adjacent contact is not damaged.</p> <p><b>L.</b> If permission to polish adjacent tooth was not received, begin scoring with a 3; grade may be lower.</p>	<p><b>I.</b> Rubber dam isolation is adequate. Field is dry.</p> <p><b>J.</b> The preparation is completely free of debris.</p> <p><b>K.</b> Adjacent contact is not damaged.</p> <p><b>L.</b> If permission to polish adjacent tooth was not received, begin scoring with a 3; grade may be lower.</p>	<p><b>I.</b> Rubber dam isolation is barely adequate.</p> <p><b>J.</b> The preparation is completely free of debris.</p> <p><b>K.</b> Minor damage to adjacent tooth (can be preserved without changing the contact).</p> <p><b>L.</b> If permission to polish adjacent tooth was not received, begin scoring with a 3; grade may be lower.</p>	<p><b>I.</b> Rubber dam isolation is inadequate with a bloody or wet field.</p> <p><b>J.</b> Small amount of debris in preparation.</p> <p><b>K.</b> Minor damage to adjacent tooth but can be removed by polishing (will change the shape of the contact).</p> <p><b>L.</b> If permission to polish adjacent tooth was not received, begin scoring with a 3; grade may be lower.</p>	<p><b>I.</b> Rubber dam isolates improper teeth with a bloody or wet field.</p> <p><b>J.</b> Significant debris in the preparation which requires correction before placement of restoration.</p> <p><b>K.</b> Adjacent tooth damaged; difficult to polish.</p> <p><b>L.</b> If permission to polish adjacent tooth was not received, begin scoring with a 3; grade may be lower.</p>	<p><b>I.</b> Rubber dam grossly sloppy and torn.</p> <p><b>J.</b> Gross debris in the preparation which requires removal before it can be evaluated.</p> <p><b>K.</b> Adjacent contact needs to be restored.</p> <p><b>L.</b> If permission to polish adjacent tooth was not received, begin scoring with a 3; grade may be lower.</p>

# CLINICAL CLASS II AMALGAM FINISHED RESTORATION GRADING CRITERIA

CRITERIA	5	4	3	2	1	0
<b>ANATOMY AND OCCLUSION</b>	<p><b>A.</b> Restores harmonious form of existing tooth, normal anatomy, and proper marginal ridges.</p> <p><b>B.</b> Proximal contour returns proper shape and position.</p> <p><b>C.</b> Optimal contact--will allow waxed floss to pass with proper resistance.</p> <p><b>D.</b> Occlusion has been restored to proper centric. Optimum occlusion.</p>	<p><b>A.</b> Slight variation of normal occlusal anatomy.</p> <p><b>B.</b> Slight abnormal variation of proximal contour, shape, and position of contact area.</p> <p><b>C.</b> Near optimal contact--will allow waxed floss to pass with near proper resistance.</p> <p><b>D.</b> Occlusion has been restored to proper centric. Near optimal occlusion.</p>	<p><b>A.</b> Moderate variation of normal occlusal anatomy.</p> <p><b>B.</b> Moderate variation of proximal contour, shape, and position or contact area.</p> <p><b>C.</b> Barely adequate contact--will allow waxed floss to pass with near proper resistance.</p> <p><b>D.</b> Occlusion has been restored to proper centric.</p>	<p><b>A.</b> Improper restoration of marginal ridge.</p> <p><b>B.</b> Improper restoration of proximal contour--places contact in wrong position or shape. A gingival overhang.</p> <p><b>C.</b> Improper contact--too open or too tight.</p> <p><b>D.</b> Occlusion is barely too high or subocclusal.</p>	<p><b>A.</b> Improper restoration of marginal ridge; improper occlusal anatomy.</p> <p><b>B.</b> Improper restoration of proximal contour--places contact in wrong position or shape. A gingival overhang.</p> <p><b>C.</b> Improper contact--too open with no resistance, or cannot get floss through.</p> <p><b>D.</b> Occlusion is too high or subocclusal.</p>	<p><b>A.</b> Gross lack of normal anatomy.</p> <p><b>B.</b> Grossly inadequate marginal ridge position, proximal contour, or contact position.</p> <p><b>C.</b> Grossly improper contact.</p> <p><b>D.</b> Grossly inadequate occlusion.</p>
<b>MARGINS AND SURFACE FINISH</b>	<p><b>E.</b> On margin.</p> <p><b>F.</b> Smooth, free of voids, polished or unpolished. No pitting.</p>	<p><b>E.</b> Slight excess or deficient margins.</p> <p><b>F.</b> Slight surface irregularities.</p>	<p><b>E.</b> Moderate excess or deficient margins.</p> <p><b>F.</b> Moderate surface irregularities.</p>	<p><b>E.</b> Open margin anywhere on restoration, and/or overhang in proximal area.</p> <p><b>F.</b> Severe surface irregularities (pitting or voids).</p>	<p><b>E.</b> Deep open margin anywhere on restoration, and/or overhang in proximal area.</p> <p><b>F.</b> Critical surface irregularities (pitting or voids).</p>	<p><b>E.</b> Multiple open margins, and/or gross overhang in proximal area.</p> <p><b>F.</b> Gross surface defects and/or fracture of restoration.</p>
<b>TREATMENT MANAGEMENT AND BASE/LINER CHECK</b>	<p><b>G.</b> Patient is comfortable with no evidence of distress.</p> <p><b>H.</b> No damage to hard or soft tissue.</p> <p><b>I.</b> If no base/liner check received, begin scoring with a 3; grade may be lower.</p>	<p><b>G.</b> Patient is comfortable with no evidence of distress.</p> <p><b>H.</b> Slight damage to hard or soft tissue.</p> <p><b>I.</b> If no base/liner check received, begin scoring with a 3; grade may be lower.</p>	<p><b>G.</b> Patient exhibits slight discomfort.</p> <p><b>H.</b> Moderate damage to hard or soft tissue.</p> <p><b>I.</b> If no base/liner check received, begin scoring with a 3; grade may be lower.</p>	<p><b>G.</b> Patient exhibits moderate discomfort.</p> <p><b>H.</b> Severe damage to hard or soft tissue.</p> <p><b>I.</b> If no base/liner check received, begin scoring with a 3; grade may be lower.</p>	<p><b>G.</b> Patient is obviously uncomfortable and visibly distressed.</p> <p><b>H.</b> Severe damage to hard or soft tissue.</p> <p><b>I.</b> If no base/liner check received, begin scoring with a 3; grade may be lower.</p>	<p><b>G.</b> Patient is in acute distress and serious discomfort.</p> <p><b>H.</b> Gross mutilation of hard or soft tissue.</p> <p><b>I.</b> If no base/liner check received, begin scoring with a 3; grade may be lower.</p>

# CLINICAL CLASS III COMPOSITE PREPARATION GRADING CRITERIA

CRITERIA	5	4	3	2	1	0
<b>OUTLINE AND EXTENSION</b>	<p><b>A.</b> Outline form provides optimal access for complete caries removal and material insertion.</p> <p><b>B.</b> Cavo surface margins are a smooth continuous curve with no sharp angles.</p> <p><b>C.</b> Preparation margins terminate in sound tooth structure with all unsupported enamel removed unless it compromises labial aesthetics.</p> <p><b>D.</b> Enamel cavo surface margins are ideally beveled on facial.</p>	<p><b>A.</b> Outline form provides near optimal access for complete caries removal and material insertion.</p> <p><b>B.</b> Cavo surface margins are a nearly smooth continuous curve with no sharp angles.</p> <p><b>C.</b> Preparation margins terminate in sound tooth structure with most unsupported enamel removed unless it compromises labial aesthetics.</p> <p><b>D.</b> Enamel cavo surface margins are beveled on facial.</p>	<p><b>A.</b> Outline form is extended slightly more than necessary for convenience.</p> <p><b>B.</b> Cavo surface margins exhibit a slightly smooth continuous curve with no sharp angles.</p> <p><b>C.</b> Preparation margins exhibit slight irregularities with a minimum of unsupported enamel unless preserved for aesthetic reasons.</p> <p><b>D.</b> Enamel cavo surface margins are moderately beveled on facial.</p>	<p><b>A.</b> Outline form is extended beyond that dictated by tooth morphology, rotation, decalcification, or caries.</p> <p><b>B.</b> Cavo surface margin is not an entirely smooth, continuous curve.</p> <p><b>C.</b> Preparation margins are irregular and exhibit unsupported enamel or decalcification.</p> <p><b>D.</b> Enamel cavo surface margins are slightly beveled on facial.</p>	<p><b>A.</b> Outline form is excessively over-extended/under-extended with unnecessary/lack of removal of tooth structure.</p> <p><b>B.</b> Cavo surface margin is not a continuous curve and has sharp angles.</p> <p><b>C.</b> Preparation margins are rough and jagged.</p> <p><b>D.</b> Enamel cavo surface margins are indistinct or over-beveled on facial.</p>	<p><b>A.</b> Outline form is excessively over/under-extended with gross removal of sound tooth structure.</p> <p><b>B.</b> Cavo surface margins are rough and jagged.</p> <p><b>C.</b> Preparation margins are not discernable.</p> <p><b>D.</b> Enamel cavo surface margins lack beveling or excessively over-beveled on facial.</p>
<b>INTERNAL FORM</b>	<p><b>E.</b> Axial wall is neither too shallow nor too deep; optimal depth for material bulk.</p> <p><b>F.</b> All caries removed.</p> <p><b>G.</b> Prepared surfaces are smooth and well-defined.</p>	<p><b>E.</b> Axial wall not too shallow or deeper than required for bulk, but near optimal.</p> <p><b>F.</b> All caries removed.</p> <p><b>G.</b> Prepared surfaces are smooth and well-defined.</p>	<p><b>E.</b> Axial wall moderately more shallow or deeper than required for material bulk.</p> <p><b>F.</b> Decalcification present.</p> <p><b>G.</b> Prepared surfaces are slightly rough.</p>	<p><b>E.</b> Axial wall excessively deep or shallow.</p> <p><b>F.</b> Questionable residual caries.</p> <p><b>G.</b> Prepared surfaces are moderately rough.</p>	<p><b>E.</b> Axial wall significantly over/under-extended pulpally.</p> <p><b>F.</b> Caries present.</p> <p><b>G.</b> Prepared surfaces are significantly rough.</p>	<p><b>E.</b> Axial wall grossly over-extended, encroaching on pulp or pulp was exposed, or axial wall is grossly under-extended with no retention.</p> <p><b>F.</b> Gross caries present.</p> <p><b>G.</b> Gross irregularity of prepared surfaces.</p>
<b>OPERATIVE ENVIRONMENT AND TOOTH POLISHING</b>	<p><b>H.</b> Rubber dam isolation is optimal. Field is dry.</p> <p><b>I.</b> The preparation is completely free of debris.</p> <p><b>J.</b> Adjacent contact is not damaged.</p> <p><b>K.</b> If permission to polish adjacent tooth was not received, begin scoring with a 3; grade may be lower.</p>	<p><b>H.</b> Rubber dam isolation is adequate. Field is dry.</p> <p><b>I.</b> The preparation is completely free of debris.</p> <p><b>J.</b> Adjacent contact is not damaged.</p> <p><b>K.</b> If permission to polish adjacent tooth was not received, begin scoring with a 3; grade may be lower.</p>	<p><b>H.</b> Rubber dam isolation is barely adequate.</p> <p><b>I.</b> The preparation is completely free of debris.</p> <p><b>J.</b> Minor damage to adjacent tooth (can be preserved without changing the contact).</p> <p><b>K.</b> If permission to polish adjacent tooth was not received, begin scoring with a 3; grade may be lower.</p>	<p><b>H.</b> Rubber dam isolation is inadequate with a bloody or wet field.</p> <p><b>I.</b> Small amount of debris in preparation.</p> <p><b>J.</b> Minor damage to adjacent tooth but can be removed by polishing (will change the shape of the contact).</p> <p><b>K.</b> If permission to polish adjacent tooth was not received, begin scoring with a 3; grade may be lower.</p>	<p><b>H.</b> Rubber dam isolates improper teeth with a bloody or wet field.</p> <p><b>I.</b> Significant debris in the preparation which requires correction before placement of restoration.</p> <p><b>J.</b> Adjacent tooth damaged; difficult to polish.</p> <p><b>K.</b> If permission to polish adjacent tooth was not received, begin scoring with a 3; grade may be lower.</p>	<p><b>H.</b> Rubber dam grossly sloppy and torn.</p> <p><b>I.</b> Gross debris in the preparation which requires removal before it can be evaluated.</p> <p><b>J.</b> Adjacent contact needs to be restored.</p> <p><b>K.</b> If permission to polish adjacent tooth was not received, begin scoring with a 3; grade may be lower.</p>

# CLINICAL CLASS III COMPOSITE FINISHED RESTORATION GRADING CRITERIA

CRITERIA	5	4	3	2	1	0
<b>CONTOUR, CONTACT, AND OCCLUSION</b>	<p><b>A.</b> Proximal contour returns proper shape and position. Normal contours of the tooth are restored.</p> <p><b>B.</b> Optimal contact that will allow dental floss to pass with proper resistance.</p> <p><b>C.</b> All centric and excursive contacts on the restoration, when appropriate, are consistent in size, shape, and intensity with such contacts on other teeth.</p>	<p><b>A.</b> Slight abnormal variation of proximal contour, shape, and position of contact area. Restoration reproduces the normal contours of the tooth with only slight variations.</p> <p><b>B.</b> Near optimal contact that will allow floss to pass with near proper resistance.</p> <p><b>C.</b> All centric and excursive contacts on the restoration, when appropriate, are nearly consistent in size, shape, and intensity with such contacts on other teeth.</p>	<p><b>A.</b> Moderate variation of proximal contour, shape, and position of contact area.</p> <p><b>B.</b> Barely adequate contact that will allow floss to pass with near proper resistance.</p> <p><b>C.</b> All centric and excursive contacts on the restoration, when appropriate, are slightly consistent in size, shape, and intensity with such contacts on other teeth.</p>	<p><b>A.</b> Improper restoration of proximal contour which places contact in wrong position or shape. A gingival overhang may be present.</p> <p><b>B.</b> Improper contact which is open or too tight.</p> <p><b>C.</b> Occlusion is barely too high or subocclusal.</p>	<p><b>A.</b> Improper restoration of proximal contour which places contact in wrong position or shape. A gingival overhang may be present.</p> <p><b>B.</b> Improper contact which is open with no resistance, or cannot get floss through.</p> <p><b>C.</b> Restoration is in significant supra-occlusion or sub-occlusion.</p>	<p><b>A.</b> Contour does not resemble the normal tooth and will interfere with the maintenance of gingival health.</p> <p><b>B.</b> Grossly improper contact.</p> <p><b>C.</b> Restoration is in supra-occlusion and will cause damage to the supporting structures or failure to the restoration.</p>
<b>MARGINS AND SURFACE FINISH</b>	<p><b>D.</b> On margin.</p> <p><b>E.</b> Restoration is uniformly smooth and free of pits and voids.</p> <p><b>F.</b> Shade of restoration blends harmoniously with the surrounding tooth structure.</p>	<p><b>D.</b> Slight excess or deficiency at tooth-restoration junction. No open margins.</p> <p><b>E.</b> Restoration is smooth with a minimum of small pits.</p> <p><b>F.</b> Shade of restoration blends with the surrounding tooth structure.</p>	<p><b>D.</b> Moderate excess or deficiency at tooth-restoration junction. Slight open margins.</p> <p><b>E.</b> Restoration has moderate surface irregularities.</p> <p><b>F.</b> Shade of restoration is acceptable but varies slightly from the surrounding tooth structure.</p>	<p><b>D.</b> Restoration/tooth interface is sealed, but one or more areas of significant marginal excess or deficiency are detectable.</p> <p><b>E.</b> Restoration exhibits significant irregularities, including pits and voids.</p> <p><b>F.</b> Shade of restoration is acceptable but varies significantly from surrounding tooth structure.</p>	<p><b>D.</b> Deep, open margin anywhere on restoration.</p> <p><b>E.</b> Restoration is rough, pitted and/or porous.</p> <p><b>F.</b> Shade of restoration varies significantly from surrounding tooth structure.</p>	<p><b>D.</b> Severe marginal excess or deficiency, roughness, voids, and/or open margins present.</p> <p><b>E.</b> Restoration surface is rough, pitted, and/or porous.</p> <p><b>F.</b> Unacceptable error in shade when compared to surrounding tooth structure.</p>
<b>TREATMENT MANAGEMENT AND BASE/LINER CHECK</b>	<p><b>G.</b> Patient is comfortable with no evidence of distress.</p> <p><b>H.</b> No damage to hard or soft tissue.</p> <p><b>I.</b> If no base/liner check received, begin scoring with a 3; grade may be lower.</p>	<p><b>G.</b> Patient is comfortable with no evidence of distress.</p> <p><b>H.</b> Slight damage to hard or soft tissue.</p> <p><b>I.</b> If no base/liner check received, begin scoring with a 3; grade may be lower.</p>	<p><b>G.</b> Patient exhibits slight discomfort.</p> <p><b>H.</b> Moderate trauma of hard or soft tissue.</p> <p><b>I.</b> If no base/liner check received, begin scoring with a 3; grade may be lower.</p>	<p><b>G.</b> Patient exhibits moderate discomfort.</p> <p><b>H.</b> Severe damage to hard or soft tissue.</p> <p><b>I.</b> If no base/liner check received, begin scoring with a 3; grade may be lower.</p>	<p><b>G.</b> Patient is obviously uncomfortable and visibly distressed.</p> <p><b>H.</b> Severe damage to hard or soft tissue.</p> <p><b>I.</b> If no base/liner check received, begin scoring with a 3; grade may be lower.</p>	<p><b>G.</b> Patient is in acute distress and serious discomfort.</p> <p><b>H.</b> Gross mutilation of hard or soft tissue.</p> <p><b>I.</b> If no base/liner check received, begin scoring with a 3; grade may be lower.</p>

# REMOVABLE PROSTHETICS GRADING CRITERIA

## Final Impressions

CRITERIA	5	4	3	2	1	0
<b>SURFACE DETAIL AND ACCURACY</b>	<b>A.</b> All anatomical structures accurately recorded.  <b>B.</b> No voids or pressure areas present.	<b>A.</b> All anatomical structures near optimal recorded.  <b>B.</b> Slight voids or pressure areas present.	<b>A.</b> Most anatomical structures recorded.  <b>B.</b> Moderate number of voids or pressure areas present.	<b>A.</b> Minimal recording of anatomical structures.  <b>B.</b> Severe voids or pressure areas present.	<b>A.</b> Anatomical structures lack accuracy.  <b>B.</b> Voids or pressure areas present in critical areas.	<b>A.</b> Complete inaccuracy of impression.  <b>B.</b> Gross voids or pressure areas present in critical areas.
<b>EXTENSIONS</b>	<b>C.</b> Optimal extension and contouring of border areas.  <b>D.</b> Posterior palatal seal accurately marked on impression.	<b>C.</b> Near optimal extension and contouring of border areas.  <b>D.</b> Posterior palatal seal accurately marked on impression.	<b>C.</b> Border areas not properly extended and contoured in all areas.  <b>D.</b> Posterior palatal seal marked slightly over/under extended.	<b>C.</b> Border areas and contours slightly over/under extended.  <b>D.</b> Posterior palatal seal marked slightly over/under extended.	<b>C.</b> Border areas and contours moderately over/under extended.  <b>D.</b> Posterior palatal seal marked slightly over/under extended.	<b>C.</b> Gross over/under extension of borders and inaccurate contours.  <b>D.</b> No evidence of marking of posterior palatal seal.
<b>RETENTION</b>	<b>E.</b> Impression has optimal retention and stability in mouth.	<b>E.</b> Impression has near optimal retention and stability in mouth.	<b>E.</b> Impression has moderate retention and stability in mouth.	<b>E.</b> Impression has minimal retention and stability in mouth.	<b>E.</b> Impression lacks adequate retention and stability in mouth.	<b>E.</b> No retention or stability in mouth.

## Centric Jaw Relation and Vertical Dimension

CRITERIA	5	4	3	2	1	0
<b>RECORDING OF CENTRIC JAW RELATION</b>	<b>F.</b> Bite rims interlock precisely, and can be separated for evaluation.  <b>G.</b> Centric Jaw Relation has been properly recorded.	<b>F.</b> Bite rims interlock adequately, and can be separated for evaluation.  <b>G.</b> Centric Jaw Relation has been properly recorded.	<b>F.</b> Bite rims interlock, and can be separated for evaluation.  <b>G.</b> Centric Jaw Relation is registered slightly anterior of most retruded position.	<b>F.</b> Bite rims interlock, and can be separated for evaluation.  <b>G.</b> Centric Jaw Relation not registered correctly.	<b>F.</b> Bite rims do not interlock, but can be separated for evaluation.  <b>G.</b> Centric Jaw Relation is inadequately registered.	<b>F.</b> Bite rims do not interlock, and cannot be separated for evaluation.  <b>G.</b> Centric Jaw Relation is not registered.
<b>FREEWAY SPACE</b>	<b>H.</b> 2mm - 3mm of Freeway Space.  <b>I.</b> Bite rims contact evenly.	<b>H.</b> 2mm - 3mm of Freeway Space.  <b>I.</b> Bite rims contact.	<b>H.</b> 3mm - 5mm of Freeway Space.  <b>I.</b> Bite rims contact.	<b>H.</b> 5mm or more of Freeway Space.  <b>I.</b> Bite rims contact slightly.	<b>H.</b> 5mm or more or less than 1mm of Freeway Space.  <b>I.</b> Bite rims do not contact.	<b>H.</b> No Freeway Space.  <b>I.</b> Bite rims do not contact.



# PERIODONTAL DIAGNOSTIC EXERCISE GRADING CRITERIA

CRITERIA	5	4	3	2	1	0
<b>PERIODONTAL POCKET DEPTHS</b>	<b>A.</b> Probing measurements of the gingival sulcus and/or periodontal pocket are accurate +/- 1mm on all twelve (12) surfaces.	<b>A.</b> Probing measurements of the gingival sulcus and/or periodontal pocket are accurate +/- 1mm on at least nine (9) surfaces.	<b>A.</b> Probing measurements of the gingival sulcus and/or periodontal pocket are accurate +/- 1mm on at least seven (7) surfaces.	<b>A.</b> Probing measurements of the gingival sulcus and/or periodontal pocket are accurate +/- 1mm on at least five (5) surfaces.	<b>A.</b> Probing measurements of the gingival sulcus and/or periodontal pocket are accurate +/- 1mm on at least three (3) surfaces.	<b>A.</b> Probing measurements of the gingival sulcus and/or periodontal pocket are accurate +/- 1mm on at least one (1) surface.
<b>CALCULUS DETECTION</b>	<b>B.</b> Calculus is only detected on surfaces identified by candidate.	<b>B.</b> Calculus is detected on one (1) surface not identified by candidate.	<b>B.</b> Calculus is detected on two (2) surfaces not identified by candidate.	<b>B.</b> Calculus is detected on three (3) surfaces not identified by candidate.	<b>B.</b> Calculus is detected on four (4) surfaces not identified by candidate.	<b>B.</b> Calculus is detected on five (5) or more surfaces not identified by candidate.
<b>RADIOGRAPHIC INTERPRETATION</b>	<b>C.</b> Radiographs are current within the published guidelines, are of good diagnostic quality, properly mounted, and identified.	<b>C.</b> Radiographs are current within the published guidelines, are of acceptable diagnostic quality, properly mounted, and identified.	<b>C.</b> Radiographs are current within the published guidelines, are of acceptable diagnostic quality, improperly mounted, and/or incorrectly identified.	<b>C.</b> Radiographs are current within the published guidelines, are of poor diagnostic quality, improperly mounted, and/or incorrectly identified.	<b>C.</b> Radiographs are not current within the published guidelines, are of poor diagnostic quality, improperly mounted, and/or incorrectly identified.	<b>C.</b> Radiographs are not current within the published guidelines, are not of diagnostic quality, not properly mounted, and not properly identified.
<b>FULL-MOUTH DIAGNOSIS AND TREATMENT PLAN</b>	<b>D.</b> Accurate diagnosis of existing periodontal disease is documented; existing restorations and missing teeth charted; carious and pathological lesions noted; pocket depths and bone level charted; and sequential treatment plan formulated.	<b>D.</b> Accurate diagnosis of existing periodontal disease is documented; most existing restorations and missing teeth charted; most carious and pathological lesions noted; pocket depths and bone level charted; and sequential treatment plan formulated.	<b>D.</b> Diagnosis of existing periodontal disease is documented but possible error in diagnosis; most existing restorations and missing teeth charted; some carious and pathological lesions not noted; some inaccuracies in pocket depth and bone level recordings; and treatment plan not sequential.	<b>D.</b> Diagnosis of existing periodontal disease is documented but error in diagnosis; most existing restorations and missing teeth charted; some carious and pathological lesions not noted; slight inaccuracies in pocket depth and bone level recordings; and treatment plan does not reflect periodontal findings.	<b>D.</b> Diagnosis of existing periodontal disease is documented but error in diagnosis; incorrect existing restorations and incorrect missing teeth charted; numerous carious and pathological lesions not noted; numerous inaccuracies in pocket depth and bone level recordings; and treatment plan does not correct existing problems.	<b>D.</b> No diagnosis of existing periodontal disease is documented; incorrect existing restorations and incorrect missing teeth charted; numerous carious and pathological lesions not noted; numerous inaccuracies in pocket depth and bone level recordings; and no treatment plan formulated.

# PERIODONTAL TREATMENT EXERCISE GRADING CRITERIA

CRITERIA	5	4	3	2	1	0
<b>CALCULUS REMOVAL</b>	<b>A.</b> No calculus is detected on any of the surfaces selected.	<b>A.</b> Calculus is detected on not more than one (1) of the surfaces selected.	<b>A.</b> Calculus is detected on not more than two (2) of the surfaces selected.	<b>A.</b> Calculus is detected on not more than three (3) of the surfaces selected.	<b>A.</b> Calculus is detected on not more than four (4) of the surfaces selected.	<b>A.</b> Calculus is detected on five (5) or more of the surfaces selected.
<b>STAIN, PLAQUE REMOVAL, AND TOOTH POLISHING</b>	<b>B.</b> No stain and/or plaque remains on any of the surfaces selected.	<b>B.</b> Stain and/or plaque remains on not more than one (1) of the surfaces selected.	<b>B.</b> Stain and/or plaque remains on not more than two (2) of the surfaces selected.	<b>B.</b> Stain and/or plaque remains on not more than three (3) of the surfaces selected.	<b>B.</b> Stain and/or plaque remains on not more than four (4) of the surfaces selected.	<b>B.</b> Stain and/or plaque remains on five (5) or more of the surfaces selected.
<b>PATIENT MANAGEMENT</b>	<b>C.</b> Patient is comfortable and demonstrates no evidence of distress or pain.  <b>D.</b> No tissue damage due to routine instrumentation.	<b>C.</b> Patient is comfortable and demonstrates no evidence of distress or pain.  <b>D.</b> Slight tissue damage to the gingival margins and/or interdental papillae involving not more than two (2) teeth.	<b>C.</b> Patient exhibits slight discomfort.  <b>D.</b> Slight tissue damage to the gingival margins and/or interdental papillae involving not more than three (3) teeth.	<b>C.</b> Patient exhibits moderate discomfort.  <b>D.</b> Moderate tissue damage to the gingival margins and/or interdental papillae involving not more than four (4) teeth.	<b>C.</b> Patient is obviously uncomfortable and visibly distressed.  <b>D.</b> Significant tissue damage to the gingival margins and/or interdental papillae involving not more than five (5) teeth.	<b>C.</b> Patient is very uncomfortable and distressed.  <b>D.</b> Severe damage to the marginal gingiva and/or amputated papillae.



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## **UNIVERSITY OF MISSISSIPPI MEDICAL CENTER SCHOOL OF DENTISTRY INFORMATION FOR CANDIDATES FOR DENTAL LICENSURE**

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The intent of the information contained within this document is to assist the candidate with taking the Mississippi State Board of Dental Examiners dental licensure examination. Questions related to the information in this document or to the facilities and policies of the School of Dentistry may be directed to the office of the Associate Dean for Clinical Programs at (601) 984-6025.

### **PARKING:**

Patient parking is available in the lot across the street from the School of Dentistry. The parking fee is \$.50 per hour or \$5.00 per day. Candidates also may park in the Mississippi Veterans Memorial Stadium parking lot directly across North State Street from the Medical Center.

### **USAGE FEE:**

The fee that is submitted by the candidate to the School of Dentistry pays for the direct costs of the school's hosting the examination. This fee includes the use of the facilities, staff, and the following equipment, instruments, and supplies.

### **Equipment and Instruments:**

1. All dental operatory units are chair-mounted Adec Continental units and can be adjusted to accommodate left-handed operators.
2. Ultrasonic scalers supplied by the candidate must have an Adec quick-disconnect. Arrangements to ensure compatibility for the use of sonic scalers supplied by the candidate must be made by contacting Clinical Services at (601) 984-6184 prior to the examination.
3. Candidates are free to use their own handpieces and instruments. Arrangements may be made for sterilization of a candidate's own instruments by contacting the

chief dental assistant in Restorative Dentistry at (601) 984-6030 prior to the examination.

4. All slow speed (Shorty two speed) and high speed (fiber optic) clinical handpieces are Midwest. Slow speed handpiece tubing is of the four-hole Midwest type, and high speeds are 6 pin Midwest.
5. Pin kits, contra-angles, and anesthetic and impression material syringes are available.
6. The contents of specifically available instrument tray set-ups and off-tray instruments and supplies are listed in the ATTACHMENT at the end of this document.

**Supplies:**

1. Radiographic film and mounts.
2. Local anesthetics (Lidocaine or 3% Carbocaine).
3. Needles (27 gauge short or long or 30 gauge short).
4. Paper, cotton, rubber, and plastic disposables (saliva ejectors and suction tips).
5. Disposable trays and impression materials.
6. Amalgam capsules (Dispersalloy regular or Titan regular set).
7. Stone, plaster, and other related expendable materials.
8. The School of Dentistry supplies gowns, gloves, masks, and face shields for all clinical procedures.

**PROCEDURES FOR OBTAINING INSTRUMENTS AND HANDPIECES:**

1. Laboratory handpieces will be issued if needed by Pre Clinical Laboratory Supply (Fifth Floor D-520).
2. Clinical handpieces will be issued for each procedure in the clinics where candidates are assigned. All requisitioned sterile clinical instruments are issued to candidates by the clinic in which the instruments are used.
3. Immediately following each procedure, all handpieces and instruments must be returned to the supply area from where they were obtained. Autoclave and ethylene oxide sterilization are provided for all instruments and handpieces following each patient use.
4. The State Board of Dental Examiners will be notified by the school if all requisitioned handpieces and instruments are not returned.

## **USE OF FACILITIES:**

Candidates who wish to use the school's facilities prior to the examination must contact the office of the Associate Dean for Clinical Affairs at (601) 984-6025. Evidence of professional liability insurance is required if patients are involved. This insurance must specifically provide coverage during the board preparation period to book patient contact in the school. Facilities are available through Thursday, June 3, 2004 for screening. Candidates not currently entered in the school's Quick Recovery patient accounting system must pay a \$200.00 processing fee before they can register patients for screening or board preparation.

Limited reception room seating is available on the fourth floor for patients during the examination. Because fourth floor accommodations are limited, additional seating is available in the first floor lounge for patients and their guests. No eating or drinking is permitted in the building except for the first floor lounge. Smoking is not permitted anywhere in the building. A designated smoking area is located behind the learning resources building.

The fourth floor clinical laboratory is available for candidate use and will remain open until 8:00 p.m. on Tuesday, June 8, 2004 and Wednesday, June 9, 2004. The chief technician will familiarize any interested candidate with the laboratory and its policies prior to the examination. Candidates interested in visiting the laboratory should contact the chief technician at (601) 984-6047 or (601) 984-6048.

The clinical laboratory contains all usual laboratory equipment, such as bench lathes, high speed grinders, polishing machines, vibrators, and ultrasonic units.

Candidates may not enter the clinical laboratory with protective gloves or masks used in the clinic. Candidates are requested to clean their benches before leaving the clinical laboratory.

## **LOCKERS:**

Storage lockers are available for male candidates on the first floor (D115) and for female candidates on the fourth floor (D408). Candidates must supply their own locks.

## **PATIENTS:**

The University of Mississippi Medical Center School of Dentistry does not assume responsibility for supplying patients for the licensure examination.

## **SCREENING AND PREPARATORY TREATMENT OF PATIENTS:**

All screening and preparatory treatment of patients in the School of Dentistry must be authorized and supervised by faculty. Candidates and patients must be entered into the school's Quick Recovery Patient Accounting System. Patient Screening Consent and Agreement forms must be completed prior to all initial examinations of board patients. Each patient treated during the board examination must have a board patient record. Screening Consent and Agreement forms and board patient records can be obtained from

the second floor Oral Diagnosis/Prevention reception area or by calling the Record Room at (601) 984-6158 prior to the examination. If a patient requires preparatory treatment prior to the board examination, such as prophylaxis or caries control, the Oral Diagnosis/Prevention, Periodontics, or Restorative Sciences clinics may be used for these purposes through Thursday, June 3, 2004. Patients must be scheduled in each clinic prior to treatment. Fees must be charged for all preparatory dental procedures using the school's current fee schedule. A patient encounter form and progress notes must be completed for each visit.

## **RADIOGRAPHS:**

All radiographs made for patient preparation or for screening purposes must be made in the Oral and Maxillofacial Radiology Clinic during times that the clinic is regularly scheduled. Radiographs needed during the examination may be made in the fifth floor pre-clinical laboratories for laboratory exercises, and in the fourth floor clinics and second floor radiology clinic for clinical exercises.

## **PATIENT RECORDS:**

1. Each patient treated during the board examination must sign a completed State Board of Dental Examiners approved Consent form prior to the candidate's beginning each clinical procedure. These forms become part of each patient's permanent board record and are available from the second floor Record Room.
2. A candidate must complete a Progress Note in the record at the completion of each patient encounter during the examination, indicating the treatment performed. Records should be deposited in the dental record drop box in the second floor Record Room at the end of each examination day. If a patient is to be seen on a following day, the candidate should retrieve the record from the Record Room the following morning. The Record Room is open from 7:00 a.m. to 5:30 p.m. during the examination.
3. The Record Room staff audits all records to ensure completeness of the Screening Consent and Agreement form, the Demographic Data form, the Health History Questionnaire, and the Progress Notes.
4. All board patient records must be completed and returned to the Record Room in order to have completed the board examination. The State Board of Dental Examiners will be notified by the school if any patient record is not completed and returned to the Record Room.

## **ATTACHMENT:**

### **1. Endodontic Laboratory**

#### **Tray Set-Up:**

Mirror	Paper cups
Endodontic explorer	Burs (#57, #2, and #4)
Excavator #31	Complete file set (21mm & 25mm)
Excavator #60	Cotton pellets
Spreader miss #1	Paper points (size 20)
Spreader miss #2	Hemostats, curved
Spreader miss L (long)	Ceramic mixing slab
Plugger #5/7	Magnifier
Plugger #9/11	Ceramic dish & sponge (file holder)
Plugger woodson #2	Rubber stops
Cement spatula	Measuring gauge
Cotton forceps (locking) (2)	Latch type contra angle
Cotton forceps (non-locking) (1)	Gates Glidden drill (sizes 1-6)
Syringes (2)	Gutta percha points
Endodontic sealer	

### **2. Removable Prosthetics Clinic**

#### **Tray Set-Up:**

Water bath	Indelible pencil
Lenk burner	Matches
Hanau torch	Compound sticks (gray and green)
Denture pack	Hot plate
Burs (F, P, R, and #8)	Boley gauge or M & M ruler
Bowl	Fox plane
Bard Parker and lab knife	Base plate wax (pink)
Korecta wax and brush	Vaseline
	Rubber base impression material
	Reprosil impression material

### 3. Operative Clinic and Laboratory

#### Tray Set-Up:

Mirror	#6T carver
#5 explorer	Cotton pliers
Double-ended periodontic probe	Articulating paper forceps
#3 plastic instrument	Rubber dam forceps and frame
#8/9 hatchet	Scissor (straight iris)
#17/18 chisel	Large curved hemostat
#F 26L-26R margin trimmer	Matrix retainer
#F 27L-27R margin trimmer	#3/4 condenser
#38/39 spoon excavators	#1/2 Hollenback
#324 cement spatula	#4/5 cleoid-discoid
Dycal instrument	#5T Tanner carver
#26-29 ball burnisher	#3 Wall carver
#2 condenser	

#### Off-Tray Instruments and Supplies:

Clamps	Coltene Synergy Composite
Burs (assorted)	(Duo shade)
Amalgam carrier and well	Herculite composite (assorted shades)
	Prisma applicator gun

### 4. Periodontics Clinic

#### Board Examiner's Kit:

Front-surface mouth mirror	Moffitt probe
#5 explorer	Color-coded periodontal probe
#11-12 ODU explorer	

#### Tray Set-Up:

Double-sided mirror	McCalls 17/18
Moffitt probe	Columbia 13/14
20F probe	Columbia 4R/4L
#5 explorer	Gracey 3/4
#2 Nabers probe	Gracey 11/12
Cotton pliers	Gracey 13/14
GIL 2/YG 15	#3 ceramic stone
Jacquette 34/35	2 x 2 gauze

#### Off-Tray Instruments and Supplies:

Disposable prophylaxis angle, brush, cup, and paste	Toothbrush and paste
Dental floss	Cotton tip applicators

## 5. Burs and Diamonds

### Fissure Burs:

56  
57  
169  
169L  
170  
170L  
171  
556  
557  
558  
330

### Short Shank Burs:

2  
4  
56  
330  
557

### Diamonds:

3/4 AL  
012  
1D  
1/4 DL  
1/2 DL  
1/2 DTL  
1 LCSF  
8 BSF  
WM2M  
C878K-012  
C878K-016  
C878K-018

### Inverted Cone Burs:

33-1/2  
34  
35  
37

### Round Burs:

1/4  
1/2  
1  
2  
4  
6  
8

### 12 Blade Composite Finishing Burs:

7006 round  
7406 egg  
7664 long taper  
7902 needle





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## ALPHABETICAL LIST OF AREA HOTELS & MOTELS

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Cabot Lodge-Millsaps  
2375 North State Street  
Jackson, MS 39202  
Telephone: 601-948-8650  
Facsimile: 601-948-8650  
Internet: <http://travel.yahoo.com/p/hotel/358825>

Clarion Hotel  
I-55 at High Street  
400 Greymont Avenue  
Jackson, MS 39202  
Telephone: 800-252-7466  
601-969-2141  
Facsimile: 601-355-1704  
Internet: <http://www.choicehotels.com/ires/en-US/html/HotelList?sid=sDoT.2iQoUEmG0.1&name=Jackson&state=MS&country=US&units=M&radius=40.22&latitude=32.3001&longitude=-90.1881&chain=R&findhotel=full>

Crowne Plaza-Downtown  
200 East Amite Street  
Jackson, MS 39201  
Telephone: 800-227-6963  
601-969-5100  
Facsimile: 601-969-9665  
Internet: [http://www.basshotels.com/crowneplaza?\\_franchisee=JANDT](http://www.basshotels.com/crowneplaza?_franchisee=JANDT)

Hampton Inn & Suites  
320 Greymont Avenue  
Jackson, MS 39202  
Telephone: 800-426-7866  
601-352-1700  
Facsimile: 601-352-9988  
Internet: <http://www.travelhero.com/prophome.cfm/id/84813/hotels/reservations/index.html>

Holiday Inn & Suites  
5075 I-55 North  
Jackson, MS 39206  
Telephone: 800-465-4329  
601-366-9411  
Facsimile: 601-366-6688  
Internet: [http://www.basshotels.com/holiday-inn?\\_franchisee=JANNO](http://www.basshotels.com/holiday-inn?_franchisee=JANNO)

Holiday Inn Express  
310 Greymont  
Jackson, MS 39202  
Telephone: 800-465-4329  
601-355-9515  
Facsimile: 601-355-8919  
Internet: <http://www.sixcontinentshotels.com/h/d/EX/hd/jangm>

Red Roof Inn-Coliseum  
700 Larson Street  
Jackson, MS 39202  
Telephone: 800-733-7663 (1-800-RED-ROOF)  
601-969-5006  
Facsimile: 601-969-5159  
Internet: [http://www.redroof.com/reservations/inn\\_details.asp?innNumber=131](http://www.redroof.com/reservations/inn_details.asp?innNumber=131)

The foregoing list is furnished to candidates for informational purposes only and must not be construed to be a recommendation from the Mississippi State Board of Dental Examiners or the University of Mississippi Medical Center School of Dentistry.



# MAP TO UNIVERSITY OF MISSISSIPPI MEDICAL CENTER SCHOOL OF DENTISTRY

